


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001117 1. Corporation Name CORNERSTONE BAPTIST CHURCH OF TALLAHASSEE, INC.			
Principal Place of Business		Mailing Address	
R.R. 2, Box 229-Bc Tallahassee, FL 32311		3079 CHAIRES CROSS RD TALLAHASSEE, FL 32311	
2. Principal Place of Business		2a. Mailing Address	
21 R.R. 2, Box 229-Bc		26 3079 CHAIRES CROSS RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 TALLAHASSEE FL		28 TALLAHASSEE FL	
Zip		Zip	
24 32311		29 32311	
Country		Country	
25 USA		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DANIEL ALLEN 11167 TUNG GROVE RD TALLAHASSEE FL 32311		81 Name WILLIAM R. PARARO	
		82 Street Address (P.O. Box Number is Not Acceptable) 1050 WINFIELD FOREST DRIVE	
		83	
		84 City TALLAHASSEE	
		85 Zip Code FL 32311	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE		DATE	
William R. Pararo		3-11-98	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR, REG. AGENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	WILLIAM R. PARARO
STREET ADDRESS		1.3 STREET ADDRESS	1050 WINFIELD FOREST DR.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	TALLAHASSEE FL 32311
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	JIM R. LEE
STREET ADDRESS		2.3 STREET ADDRESS	1201 CARRIN DRIVE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	JAMES F. WARD, III
STREET ADDRESS		3.3 STREET ADDRESS	3051 HAWKS LANDING DR.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WAYNE H. GRADDICK
STREET ADDRESS		4.3 STREET ADDRESS	1881 HOT OWL HILL
CITY - ST - ZIP		4.4 CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	30000246308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/20/98--01020--005
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: William R. Pararo		3-11-98 878-6914	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/97)