

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90005 035 ****75.00

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1. Corporation Name

CORNERSTONE FULL GOSPEL MINISTRIES INCORPORATED

Principal Place of Business

6331 N.W. 32ND STREET
GAINESVILLE FL 32653

Mailing Address

6331 N.W. 32ND STREET
GAINESVILLE FL 32653



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3465936

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JENKINS, SR., CLARENCE REV.
6331 N.W. 32ND STREET
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Rev. Clarence S. Jenkins Sr.

Director

6/18/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JENKINS, CLARENCE S REV
STREET ADDRESS 6331 N W 32ND ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE DT ☐ DELETE

NAME JENKINS, MYRA L EVANG
STREET ADDRESS 6331 N.W 32ND ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE S ☐ DELETE

NAME DURANT, ANGELA L
STREET ADDRESS 6137 N W 26TH ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE DFS ☐ DELETE

NAME JENKINS, SHALONDA
STREET ADDRESS 6137 N W 26TH ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE E ☐ DELETE

NAME GREEN, CLIFF O
STREET ADDRESS 6131 NW 26TH ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE T ☐ DELETE

NAME BROOKS, LILLIE M
STREET ADDRESS 2438 NE 13TH AVE
CITY-ST-ZIP GAINESVILLE FL 32601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Rev. Clarence S. Jenkins Sr.* 6/18/99 (352)955-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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