

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1998 8:00 am
Secretary of State

DOCUMENT # N97000002680 (3)

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

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3485936

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **6331 N.W. 32nd STREET**

Suite, Apt. #, etc.

27 City & State

28 **GAINESVILLE, FL**

29 Zip

32653

Country

30 **ALABAMA**

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

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

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 ☐ DELETE

NAME **PASTOR**
REV. CLARENCE JENKINS SR.
STREET ADDRESS **6331 N.W. 32nd STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE ☐ DELETE

NAME **TREASURER**
EVANG. MYRA LEE JENKINS
STREET ADDRESS **6331 N.W. 32nd STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE ☐ DELETE

NAME **SECRETARY**
ANGELA L. DURANT
STREET ADDRESS **6137 N.W. 26th STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE ☐ DELETE

NAME **FINANCIAL SECRETARY**
SHALONDA JENKINS
STREET ADDRESS **6137 N.W. 26th street**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE ☐ DELETE

NAME **EVANGELIST**
CLIFF O. GREEN
STREET ADDRESS **6131 N.W. 26th STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE ☐ DELETE

NAME **TRUSTEE**
LILLIE MAE BROOKS
STREET ADDRESS **2438 N.E. 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 **DIRECTOR**
REV. CLARENCE JENKINS SR.
1.3 STREET ADDRESS **6331 N.W. 32nd STREET**
1.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **DIRECTOR**
EVANG. MYRA LEE JENKINS
2.3 STREET ADDRESS **6331 N.W. 32nd STREET**
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **DIRECTOR**
SHALONDA JENKINS
3.3 STREET ADDRESS **6135 N.W. 32nd STREET**
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011786

CR2E037 (10/97)