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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002945 (0)**

1. Corporation Name

CORNER STONE FAMILY CHURCH, INC.

Principal Place of Business

Mailing Address

1606 UNIVERSITY LANE
APARTMENT 1406
COCOA FL 32922

1606 UNIVERSITY LANE
APARTMENT 1406
COCOA FL 32922

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

59-344-8204

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **922 PELICAN LANE**

26 **P.O. BOX 561804**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ROCKLEDGE**

27

City & State

City & State

23 **FLORIDA**

28 **ROCKLEDGE, FLORIDA**

Zip

Country **U.S.A.**

Zip

Country

24 **32955**

25

29 **32956**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYER, M. GERALD
1606 UNIVERSITY LANE
APARTMENT 1406
COCOA FL 32922

81 Name

MOYER, M. GERALD

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

922 PELICAN LANE

83

84 City

ROCKLEDGE

FL

85 Zip Code

32955

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

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

(NOTE: Registered Agent signature required when reinstating)

1-6-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MOYER, M. GERALD**
CITY-ST-ZIP **1606 UNIVERSITY LANE, APT. 1406**
COCOA FL 32922

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CLOWSER, JOHN C**
CITY-ST-ZIP **1600 UNIVERSITY LANE, APT. 1308**
COCOA FL 32922

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MOYER, PATRICIA A**
CITY-ST-ZIP **1606 UNIVERSITY LANE, APT. 1406**
COCOA FL 32922

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **MOYER, M. GERALD**
1.4 CITY-ST-ZIP **922 PELICAN LANE**
ROCKLEDGE, FL. 32955

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **CLOWSER, JOHN**
2.4 CITY-ST-ZIP **1606 UNIVERSITY LANE APT. 1406**
COCOA, FL 32922

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **MOYER, PATRICIA A.**
3.4 CITY-ST-ZIP **922 PELICAN LANE**
ROCKLEDGE, FL 32955

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:

M. Gerald Moyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-98

Date

407/633-8344

Daytime Phone # 0020242

CR2E037 (10/97)