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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003974 (9)

1. Corporation Name

CORNERSTONE CHURCH - NEW LIFE OUTREACH MINISTRIE S, INC.

Principal Place of Business

Mailing Address

P O BOX 363
LAKE BUTLER FL 32054

P O BOX 363
LAKE BUTLER FL 32054

2. Principal Place of Business

2a. Mailing Address

21 705 SW 6th St.

Suite, Apt. #, etc.

22

23 City & State
Lake Butler, FL

24 Zip
32054

25 Country
Union

26

28 P.O. Box 363

Suite, Apt. #, etc.

27

29 City & State
Lake Butler, FL

30 Zip
32054

30 Country
Union

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/10/1997

4. FEI Number

59-3457092

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name Maxwell, Patrick (Pastor)

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

190 SW 7th Ave

83

84 City Lake Butler

FL

85 Zip Code 32054

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 Pastor/President
NAME Patrick Maxwell
STREET ADDRESS 190 SW 7th Ave
CITY-ST-ZIP Lake Butler, FL 32054 ☐ DELETE

TITLE Treasurer/Administrator
NAME Lola Banks
STREET ADDRESS 555 SW 6th St
CITY-ST-ZIP Lake Butler, FL 32054 ☐ DELETE

TITLE Secretary
NAME Ella Little
STREET ADDRESS 890 SW 1 way
CITY-ST-ZIP Lake Butler, FL 32054 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Lola Banks, Treasurer, Lola Banks 3-1-98 352 955-3088

CR2E037 (10/97)