

FILE NOW: FILING FEE IS \$61.25

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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 MINISTERIE S, INC.



Principal Place of Business P O BOX 363 LAKE BUTLER FL 32054	Mailing Address P O BOX 363 LAKE BUTLER FL 32054
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3. Date Incorporated or Qualified 07/10/1997	
4. FEI Number 59-3457092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 705 SW 6th St. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 363 Suite, Apt. #, etc.
City & State 23 Lake Butler, FL	City & State 28 Lake Butler, FL
Zip 24 32054	Country 25 Union
Zip 29 32054	Country 30 Union

9. Name and Address of Current Registered Agent
**MAXWELL, PATRICK
890 SW 1 way 190 SW 7th Ave
LAKE BUTLER FL 32054**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Pastor / President	<input type="checkbox"/> DELETE
NAME	Patrick Maxwell	
STREET ADDRESS	190 SW 7th Ave	D
CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE	Treasurer / Administrator	<input type="checkbox"/> DELETE
NAME	Lola Banks	
STREET ADDRESS	555 SW 6th St	D
CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Ella Little	
STREET ADDRESS	890 SW 1 way	D
CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Lola Banks, Treasurer** **Lola Banks 3-1-98** **352**
955-3088

CFR2E037 (10/97)