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**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90128 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003974**

1. Corporation Name

**CORNERSTONE CHURCH - NEW LIFE OUTREACH MINISTRIE  
S, INC.**

Principal Place of Business

Mailing Address

705 SW 6TH STREET  
LAKE BUTLER FL 32054  
US

P. O. BOX 363  
LAKE BUTLER FL 32054  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAXWELL, PATRICK  
190 SW 7TH AVENUE  
LAKE BUTLER FL 32054**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
MAXWELL, PATRICK**  
STREET ADDRESS **190 SW 7TH AVENUE**  
CITY-ST-ZIP **LAKE BUTLER FL 32054**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TAD  
BANKS, LOLA**  
STREET ADDRESS **555 SW 6TH STREET**  
CITY-ST-ZIP **LAKE BUTLER FL 32054**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
UTTLES, ELLA**  
STREET ADDRESS **890 SW 1 WAY**  
CITY-ST-ZIP **LAKE BUTLER FL 32054**

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME **Little, Ella**  
3.3 STREET ADDRESS  
3.4 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:

**RESIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BANKS**

**4/14/99 904-496-2415**

Date

Daytime Phone #

CR2E037 (1/98)