


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 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 # N97000004694 (2)

1. Corporation Name

CORNERSTONE CHAPEL, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF ORLANDO, FLORIDA

Principal Place of Business

Mailing Address

4144 S. GOLDENROD RD
ORLANDO FL 32822

4144 S. GOLDENROD RD
ORLANDO FL 32822

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

59-0910355

Applied For

Not Applicable

2. Principal Place of Business

21 4144 S. GOLDENROD RD

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26 32822

27 Orange

2a. Mailing Address

26 4144 S. GOLDENROD RD

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

31 32822

32 Orange

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

WALLACE, BRUCE
8709 CATBRIAR LN
ORLANDO FL 32829

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 D ☐ DELETE

NAME JENNINGS, BEN

STREET ADDRESS 10708 SPRING BROOK LN

CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☒ DELETE

NAME STAHL, JOHN

STREET ADDRESS 8701 BRACKENWOOD DR

CITY-ST-ZIP ORLANDO FL 32829

TITLE D ☐ DELETE

NAME VACHA, RICHARD

STREET ADDRESS 10545 SAILAWAY LN

CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ DELETE

NAME VANDERBERG, JAMES

STREET ADDRESS 7802 EDGELAKE DR

CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE

NAME WALLACE, BRUCE

STREET ADDRESS 8709 CATBRIAR RD

CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Bostick, Donnie ☒ Change ☐ Addition

1.2 NAME 4510 FORELAND PLACE

1.3 STREET ADDRESS ORLANDO FLORIDA 32812

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

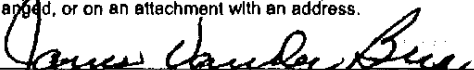
6.2 NAME

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)(l), 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 #

CR2E037 (5/98)