

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 4144 S GODENROD RD ORLANDO FL 32822	Mailing Address 4144 S GODENROD RD ORLANDO FL 32822
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3. Date Incorporated or Qualified 08/05/1997	
4. FEI Number 59-0910355	Applied For Not Applicable

2. Principal Place of Business 21 4114 S. Goldenrod Rd Suite, Apt. #, etc. 22	2a. Mailing Address 26 4114 S. Goldenrod Rd Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL 32822	City & State 28 ORLANDO, FL 32822
Zip 24 32822	Country 25 ORANGE
Zip 29 32822	Country 30 ORANGE

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	JENNINGS, BEN
STREET ADDRESS	10708 SPRING BROOK LN
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STAHL, JOHN
STREET ADDRESS	8701 BRACKENWOOD DR
CITY-ST-ZIP	ORLANDO FL 32829
TITLE	D <input type="checkbox"/> DELETE
NAME	VACHA, RICHARD
STREET ADDRESS	10545 SAILAWAY LN
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	D <input type="checkbox"/> DELETE
NAME	VANDERBERG, JAMES
STREET ADDRESS	7802 EDGELAKE DR
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D <input type="checkbox"/> DELETE
NAME	WALLACE, BRUCE
STREET ADDRESS	8709 CATBRIAR RD
CITY-ST-ZIP	ORLANDO FL 32829
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Bostick, Donnie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4510 FORELAND PLACE
1.3 STREET ADDRESS	ORLANDO FLORIDA 32812
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)(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: James Vanderberg  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)