

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90011 004 ****61.25

DOCUMENT # N97000004694

1. Corporation Name

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

Principal Place of Business

4114 S GOLDENROD RD
ORLANDO FL 32822
US

Mailing Address

4114 S GOLDENROD RD
ORLANDO FL 32822
US



2. Principal Place of Business

21 **4114 So. Goldenrod Rd**

Suite, Apt. #, etc.

22

City & State

23 **Orlando FL.**

Zip

24 **32822**

Country

25 **ORANGE**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

59-0910355

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

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

ALAN FELSTED (T)

Alan Felsted

7/31/99

Signature, typed or printed name of registered agent and date 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 **BOSTIC, DONNIE**
STREET ADDRESS **4510 FORELAND PL**
CITY-ST-ZIP **ORLANDO FL 32812**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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)(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:

ALAN FELSTED (T)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/99

Date

407 244-1983

Daytime Phone #

CR2E037 (5/99)