

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90012 044 ****70.00

DOCUMENT # N98000006132

1. Corporation Name

CORNERSTONE MISSIONS INCORPORATED

Principal Place of Business

5825 NW 38TH TERR
GAINESVILLE FL 32653

Mailing Address

5825 NW 38TH TERR
GAINESVILLE FL 32653



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

10/26/1998

4. FEI Number

59-3557382

☒ 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

SANDBERG, ERIC P
5825 NW 38TH TERR
GAINESVILLE FL 32653

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 ERIC P. Sandberg, DIRECTOR

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
ARMSTRONG, SCOTT JAMES
STREET ADDRESS 4117 SW 20 AVENUE APT. 3
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ DELETE

NAME D/T
LASSITER, DAVID BUCHANAN
STREET ADDRESS 4106 NW 17 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ DELETE

NAME D/S
MILLER, BRICE RYAN
STREET ADDRESS 1421 NW 51 TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ DELETE

NAME D
SANDBERG, ERIC PAUL
STREET ADDRESS 5825 NW 38 TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-99 (352) 371-8693

CR2E037 (11/98)