

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90055 014 ****61.25

DOCUMENT # N00000002401					
1. Entity Name CORNERSTONE DELIVERANCE & DEVELOPMENT MINISTRIES FOR CHRIST, INC.					
Principal Place of Business 1289 WEST 35TH STREET RIVIERA BEACH, FL 33404			Mailing Address 1289 WEST 35TH STREET RIVIERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1006432	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, ANDREW J 1289 WEST 35TH STREET RIVIERA BEACH, FL 33404			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Andrew J. Jones</i> EO <i>Andrew J. Jones</i> 2/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ED	NAME JONES, ANDREW J		TITLE	NAME	
STREET ADDRESS 1289 WEST 35TH STREET	CITY-ST-ZIP RIVIERA BEACH, FL 33404		STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME ROGERS, JAMES M		TITLE PD	NAME JACK Jones	
STREET ADDRESS 2745 NW 6TH CT	CITY-ST-ZIP FORT LAUDERDALE, FL 33311		STREET ADDRESS 2925 NW 6th Street	CITY-ST-ZIP Ft Lauderdale FL 33311	
TITLE CD	NAME FUSE, HENRY		TITLE	NAME	
STREET ADDRESS 1152 SOUTHPORT COURT	CITY-ST-ZIP WELLINGTON, FL 33414		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME NEAL, ALONZO		TITLE	NAME	
STREET ADDRESS 2119 NW 5TH ST	CITY-ST-ZIP POMPANO BEACH, FL 33060		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME LINDSEY, LONIE MAE		TITLE	NAME	
STREET ADDRESS 441 WEST BLUE HERON BLVD APT 1	CITY-ST-ZIP RIVIERA BEACH, FL 33404		STREET ADDRESS	CITY-ST-ZIP	
TITLE CD	NAME JONES, JACK		TITLE CD	NAME JAMES Rogers	
STREET ADDRESS 2925 NW 4TH ST	CITY-ST-ZIP FORT LAUDERDALE, FL 33311		STREET ADDRESS 2745 NW 6th Ct	CITY-ST-ZIP Ft Lauderdale FL 33311	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Andrew J. Jones</i> EO <i>Andrew J. Jones</i> 2/14/05 561-502-0563 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					