

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90041 036 \*\*\*\*61.25

**DOCUMENT # N17443**

1. Entity Name

**THE CORNERSTONE TELEVISION MINISTRY, INC.**

Principal Place of Business

Mailing Address

3730 COCONUT CREEK PKWY  
 STE 190  
 COCONUT CREEK FL 33066  
 US

PO BOX 935150A  
 MARGATE FL 33093-5150

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2733101**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VASQUEZ, ANTHONY G**  
**3730 COCONUT CREEK PKWY**  
**STE 190**  
**COCONUT CREEK FL 33066**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEF IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P CASTELLANUS, RICARDO C FR**  
 STREET ADDRESS **3730 COCONUT CREEK PKWY, STE 190**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WARREN, WALTER**  
 STREET ADDRESS **7807 NW 68 TERRACE**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T VASQUEZ, ANTHONY G**  
 STREET ADDRESS **6161 COUNTRY FAIR CIR**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BYMEL, MARY**  
 STREET ADDRESS **2118 NE 56TH PL**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD KAYLE, MILDRED**  
 STREET ADDRESS **1344 NW 4TH CT**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME **Secretary**  
 STREET ADDRESS **MARIE J. GENATUS**  
 CITY-ST-ZIP **841 Lyons Rd # 24107**  
**COCONUT CREEK FL 33063**

TITLE  Delete  
 NAME **D D'ANGELO, JOSEPH**  
 STREET ADDRESS **1123 SW 5TH ST.**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**ANTHONY G VASQUEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/00**  
 Date

**954-970-7766**  
 Daytime Phone #

CR2E037 (9/99)