




FILED
Mar 26, 2003 8:00 am
Secretary of State

01-31-2003 90288 001 ***361.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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 1/1

DOCUMENT # N98000003719			
1. Entity Name CHRIST FAITHFUL CORNERSTONE MINISTRY, INC.			
Principal Place of Business 12825 QUAIL ROOST DR. MIAMI FL 33177		Mailing Address PO BOX 836690 MIAMI FL 33283	
2. Principal Place of Business		3. Mailing Address 7201 SW 123 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIAMI 33183	
City & State		City & State	
Zip	Country	Zip	Country
33183	Florida	33183	Florida
4. FEI Number 65-0886109		Applied For <input type="checkbox"/> Not Applicable	
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	
HANAFOURDE, B.K. 9200 S. DADELAND BLVD. #308 MIAMI FL 33150		Name: Patrick A. Adeleke Street Address (P.O. Box Number is Not Acceptable) 7201 SW 123 Place City: MIAMI FL Zip Code: 33183	
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: 		DATE: 1-27-2003	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		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	PO ADELEKE, PATRICK	TITLE	
NAME	12825 QUAIL ROOST DR.	NAME	
STREET ADDRESS	MIAMI FL 33177	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VO ADELEKE, MORENIKE	TITLE	
NAME	12825 QUAIL ROOST DR.	NAME	
STREET ADDRESS	MIAMI FL 33177	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD OTERO, SONIA	TITLE	STD OTERO, SONIA
NAME	12825 QUAIL ROOST DR.	NAME	12825 Quail Roost Drive
STREET ADDRESS	MIAMI FL 33177	STREET ADDRESS	MIAMI FL 33177
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ADENIYI, JACK	TITLE	
NAME	12825 QUAIL ROOST DR.	NAME	
STREET ADDRESS	MIAMI FL 33177	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D YOUNG, HAZEL	TITLE	
NAME	12825 QUAIL ROOST DR.	NAME	
STREET ADDRESS	MIAMI FL 33177	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 I am empowered.			
SIGNATURE: 		1-27-03 (305)588-0181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E037 (10/02)