

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002401

Entity Name: CORNERSTONE DELIVERANCE & DEVELOPMENT MINISTRIES
FOR CHRIST, INC.**FILED**
Apr 30, 2015
Secretary of State
CC9751063071**Current Principal Place of Business:**612 NW 6TH STREET
POMPANO BEACH, FL 33060**Current Mailing Address:**2925 NW 4TH STREET
FORT LAUDERDALE, FL 33311**FEI Number: 65-1006432****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JONES, ANDREW J
2925 NW 4TH STREET
FT LAUDERDALE, FL 33311 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ED
Name	JONES, ANDREW J
Address	2925 NW 4TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	PD
Name	HARRINGTON, SHAUNESSE
Address	612 NW 6TH STREET
City-State-Zip:	POMPANO FL 33060

Title	SECRETARY
Name	REYES, RITA
Address	7853 NW 164 STREET
City-State-Zip:	MIAMI LAKES FL 33016

Title	T
Name	GREEN, KENNY
Address	612 NW 6TH STREET
City-State-Zip:	POMPANO BEACH FL 33060

Title	CD
Name	GIVENS, LORINZO
Address	612 NW 6TH STREET
City-State-Zip:	POMPANO BEACH FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW JAMES JONES**ED****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date