

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91346 042 ****61.25

UBR

DOCUMENT # N00000001700

1. Entity Name

CORNERSTONE COMMUNITY CHURCH OF SOUTH FLORIDA, I

Principal Place of Business

Mailing Address

P.O. BOX 822494
 S.FLORIDA FL 33082-2494

P.O. BOX 822494
 S.FLORIDA FL 33082-2494

C0028509



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

65-0992041

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

**DANIELS, HENRY D
 2321 ISLAND DRIVE
 MIRAMAR FL 33023**

Name **Henry D. Daniels**

Street Address (P.O. Box Number is Not Acceptable)
2588 SW 159 AVE

City **Miramar**

FL

Zip Code
33027

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 *Henry D. Daniels*

Henry D. Daniels, President

2/25/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE 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	PD	<input type="checkbox"/> Delete
NAME	DANIELS, HENRY D	
STREET ADDRESS	2321 ISLAND DR	
CITY-ST-ZIP	MIRAMAR FL 33023-2494	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANIELS, TERESA M	
STREET ADDRESS	2321 ISLAND DR	
CITY-ST-ZIP	MIRAMAR FL 33023-2494	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, EMIL H	
STREET ADDRESS	7511 SOUTH 84TH EAST AVE.	
CITY-ST-ZIP	TULSA OK 74133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, HENRY D	
STREET ADDRESS	2588 SW 159 Ave Miramar F1 33027	
CITY-ST-ZIP		
TITLE	VVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, TERESA M	
STREET ADDRESS	2588 SW 159 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD D. JACKSON	
STREET ADDRESS	9751 HEATHER LN	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Henry D. Daniels* **Henry D. Daniels, Pres.** **2/25/01** **954-573-4588**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)