2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000001700

1. Entity Name

CORNERSTONE COMMUNITY CHURCH OF SOUTH FLORIDA, I

FILED Mar 06, 2002 8:00 am Secretary of State

03-06-2002 90126 046 ****61.25

Principal Plac	ce of Business	Mailing Address					
		P.O. BOX 822494 S.FLORIDA FL 33082-2494					
					 		
2. Principal F 89 41	Place of Business Pembroke Road	3. Mailing Address				0011: [6]	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE	
City & Stat	te	City & State		4. FEI Number		Ar	oplied For
<u>Pembro</u> ^{Zip}	ke Pines, FL	Zìp	Country	65	-0992041	\$8.75 Add	ot Applicable
<u>~3382</u>	SUSA	ياج تا عصدالا بالمعاشق مع الما	1	5. Certificate of Sta		Fee Require	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Addr	ess of New Registere	d Agent	
DANIELO	HENDY D		Street Addre	ess (P.O. Box Number is N	lot Acceptable)		
Daniels, 2588 SW			1		,	<u></u>	
MIRAMAR	FL 33027		City			Zip Cod	<u> </u>
	e named entity submits this statement f					L	
J. 1110 000VC	s named onerly dubining this statement t	or the purpose of changing it	a registered emee er regi	idiorod agoric, or boar, in t	no diato or rionda.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	TE: Registered Agent signature rec	quired when reinstating)	DATI		
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	the state of the s	; 35 (\$p.)				*	
. P.	FILE NOW: FEE IS \$61,25		Impaign Financing Contribution.	\$5.00 May Be		ck Payable	
·		Trust Fund	Contribution.		// Departn	ent of State	
10.	OFFICERS AND D	Trust Fund	Contribution.	\$5.00 May Be Added to Fees	// Departn	DIRECTORS IN	l 10
10.	OFFICERS AND D PD DANIELS, HENRY D	Trust Fund	Contribution.		// Departn	ent of State	l 10
10. TITLE NAME STREET ADDRESS	OFFICERS AND D PD DANIELS, HENRY D 2588 SW 159 AVE	Trust Fund	11. TITLE NAME STREET ADDRESS		// Departn	DIRECTORS IN	l 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD DANIELS, HENRY D	Trust Fund IRECTORS Delete	11, TITLE NAME		// Departn	DIRECTORS IN	
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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 adampss, with all other like empowered.

SIGNATURE: