

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2004
Secretary of State**

DOCUMENT# N00000001700

Entity Name: CORNERSTONE COMMUNITY CHURCH OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8941 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 822494
S.FLORIDA, FL 330822494

New Mailing Address:

FEI Number: 65-0992041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, HENRY D
2588 SW 159 AVE
MIRAMAR, FL 33027

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DANIELS, HENRY D
Address: 2588 SW 159 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VVD () Delete
Name: DANIELS, TERESA M
Address: 2588 SW 159 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: HAWKINS, EMIL H
Address: 7511 SOUTH 84TH EAST AVE.
City-St-Zip: TULSA, OK 74133

Title: D () Delete
Name: JACKSON, CLIFFORD D
Address: 9751 HEATHER LN
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HENRY D. DANIELS

PD

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date