

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-08-2004 90038 011 ****61.25

DOCUMENT # N03000000142

1. Entity Name
FIRST BORN CHURCH CORNERSTONE WORSHIP & DELIVERANCE CENTER, INC.



Principal Place of Business
**1140 WEST 33RD STREET
RIVIERA BEACH, FL 33404**

Mailing Address
**1140 WEST 33RD STREET
RIVIERA BEACH, FL 33404**

66407255



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

57-1143524

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

**JONES, ANDREW JAMES
1289 WEST 35 STREET
RIVIERA BEACH, FL 33404**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Andrew J. Jones ED**
Signature, typed or printed name of registered agent and title if applicable.

Andrew J. Jones
(NOTE: Registered Agent signature required when reinstating)

3/4/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JONES, ANDREW J**
STREET ADDRESS **1289 WEST 35TH STREET**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **PD** ☐ Delete
NAME **FUSE, HENRY**
STREET ADDRESS **1152 SOUTHPORT COURT**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **CD** ☐ Delete
NAME **MASON, WILLIE**
STREET ADDRESS **804 SOUTH J STREET**
CITY-ST-ZIP **LAKE WORTH, FL 33401**

TITLE **TD** ☒ Delete
NAME **LINDSEY, LONIE M**
STREET ADDRESS **1289 WEST 35TH STREET**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **SD** ☒ Delete
NAME **SIMS, CHIQUETA**
STREET ADDRESS **4523 45TH WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **CD** ☒ Delete
NAME **SIMS, ERIC**
STREET ADDRESS **4523 45TH WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ANDREW J JONES**
STREET ADDRESS **1140 WEST 33RD STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Change ☒ Addition
NAME **Robert Butler**
STREET ADDRESS **401 16th Street**
CITY-ST-ZIP **West Palm Beach, FL 33404**

TITLE ☐ Change ☒ Addition
NAME **Rogers, James M**
STREET ADDRESS **2745 N.W 6th Ct**
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

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: **Andrew J. Jones ED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Jones
Date

3/4/04
Date

561-502-0563
Daytime Phone #