


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-18-2005 90057 021 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1143524	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, ANDREW JAMES 1289 WEST 35 STREET RIVIERA BEACH, FL 33404				Name 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: <i>Andrew James Jones</i> <i>Director</i>		SIGNATURE: <i>Andrew James Jones</i>		DATE: <i>2/14/05</i>	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ANDREW J 1289 WEST 35TH STREET RIVIERA BEACH, FL 33404 <i>SAME</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSE, HENRY 1152 SOUTHPORT COURT WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bishop JACK JONES 2925 NW 4TH STREET Ft. Lauderdale FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MASON, WILLIE 804 SOUTH J STREET LAKE WORTH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Elder LORENZO GIUVENS 398 NW 30TH TERRANCE Ft Lauderdale FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, ANDREW J 1140 WEST 33RD ST. RIVIERA BEACH, FL 33404 <i>SAME</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, ROBERT 401 16TH ST. WEST PALM BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALONZO C NEAL 2119 NW 5TH ST Pompano Beach, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROGERS, JAMES M 2745 NW 6TH CT. FORT LAUDERDALE, FL 33311 <i>SAME</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Andrew J. Jones</i>		SIGNATURE: <i>Andrew J. Jones</i>		DATE: <i>2/14/05</i> 561-502-0563	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	

66006375



02142005 Chg-NP CR2E037 (10/03)