

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-08-2004 90038 012 ****61.25

DOCUMENT # N03000001309					
1. Entity Name CORNERSTONE COMMUNITY ACTION DEVELOPMENT CORPORATION					
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 SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JONES, ANDREW JAMES 1289 WEST 35TH 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: <u>Andrew J. Jones EO</u> <u>Andrew J. Jones</u> <u>3/4/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FUSE, HENRY STREET ADDRESS 1152 SOUTHPORT COURT CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JONES, ANDREW J STREET ADDRESS 1289 WEST 35TH STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE Executive Director NAME Jones, Andrew J STREET ADDRESS 1289 West 35th Street CITY-ST-ZIP Riviera Beach, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME ROGERS, JAMES M STREET ADDRESS 2745 N.W. 8TH CT. CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BARNES, DEMETRIUS STREET ADDRESS 841 WEST 5TH STREET CITY-ST-ZIP RIVIERA, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LINDSEY, LONIE STREET ADDRESS 1140 WEST 33RD STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BUTLER, ROBERT STREET ADDRESS 401 16TH STREET CITY-ST-ZIP WEST PALM BEACH, FL 33404	<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: <u>Andrew J. Jones EO</u> <u>Andrew J. Jones</u> <u>3/4/04</u> <u>561-502-0563</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03042004 Chg-NP CR2E037 (10/03)

4. FEI Number 80-0057185 Applied For ☐ Not Applicable ☒

6. Certificate of Status Desired. ☐ \$8.75 Additional Fee Required