

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90053 023 \*\*\*\*61.25

<b>DOCUMENT # N03000001309</b>					
<b>1. Entity Name</b> CORNERSTONE COMMUNITY ACTION DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 1140 WEST 33RD STREET RIVIERA BEACH, FL 33404			<b>Mailing Address</b> 1140 WEST 33RD STREET RIVIERA BEACH, FL 33404		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02142005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 80-0057185				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JONES, ANDREW JAMES 1289 WEST 35TH STREET RIVIERA BEACH, FL 33404			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE: <i>Andrew J. Jones ED</i> <i>Andrew J. Jones</i> <i>2/14/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> FUSE, HENRY <input checked="" type="checkbox"/> Delete 1152 SOUTHPORT COURT WELLINGTON, FL 33414		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> Bishop Jack Jones <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2925 NW 35th Street Ft. Lauderdale FL 33311	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> JONES, ANDREW J <input type="checkbox"/> Delete 1289 WEST 35TH STREET RIVIERA BEACH, FL 33404		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> ROGERS, JAMES M <input type="checkbox"/> Delete 2745 N.W. 6TH CT. FT. LAUDERDALE, FL 33311		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> BARNES, DEMETRIUS <input checked="" type="checkbox"/> Delete 841 WEST 5TH STREET RIVIERA, FL 33404		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Robert Butler <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 401 16th Street West Palm Beach FL 33404	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> LINDSEY, LONIE <input type="checkbox"/> Delete 1140 WEST 33RD STREET RIVIERA BEACH, FL 33404		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BUTLER, ROBERT <input checked="" type="checkbox"/> Delete 401 16TH STREET WEST PALM BEACH, FL 33404		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Henry Fuse <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1152 Southport Court Wellington, FL 33414	
<b>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.</b>					
SIGNATURE: <i>Andrew J. Jones ED</i> <i>Andrew J. Jones</i> <i>2/14/05</i> <i>561-502-0563</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					