


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90040 016 ****61.25

DOCUMENT # N03000002744

1. Entity Name
FIRST BORN CHURCH CORNERSTONE COMMUNITY OUTREACH CENTER, INC.



Principal Place of Business
**1010 11TH ST.
 W. PALM BCH, FL 33407**

Mailing Address
**1010 11TH ST.
 W. PALM BCH, FL 33407**

04015735



2. Principal Place of Business
SAME

3. Mailing Address
P.O. Box 590983

Suite, Apt. #, etc.

03042004 Chg-NP CR2E037 (10/03)

City & State
Lake Park, Florida

Zip
33402

Country
Palm Beach

4. FEI Number
05-0583173

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, ANDREW J
 1289 W. 35TH ST.
 RIVIERA BCH, 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 Andrew J. Jones 3/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | ED JONES, ANDREW J 1289 W. 35TH ST. RIVIERA BCH, FL 33404 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, JACKIE 5709 BRIARWOOD AVE. MAGNOLIA PARK, FL 33407 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD FUSE, HENRY 1152 SOUTHPORT CT. WELLINGTON, FL 33414 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIXON, JEREMIAH 614 SW 77TH AVE. N. LAUDERDALE, FL 33068 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LINDSEY, LONIE M 1289 W. 35TH ST. RIVIERA BCH, FL 33404 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BARNES, DEMETRIUS 841 W. 5TH ST. RIVIERA BCH, FL 33404 <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Rogers, James 2745 N.W 6th Ct Ft Lauderdale, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Andrew J. Jones 1289 W. 35 Street Riviera Beach FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DIXON, JEREMIAH 614 SW 77th AVE N. LAUDERDALE, FL 33068 <input checked="" 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: Andrew J. Jones ED Andrew J. Jones 3/4/04 561 502-0563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #