

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2004  
Secretary of State**

DOCUMENT# N03000005587

Entity Name: CORNERSTONE CHRISTIAN CENTER OF HOMESTEAD, FL INC.

**Current Principal Place of Business:**

11965 SW 270 ST.  
HOMESTEAD, FL 33032 US

**New Principal Place of Business:**

**Current Mailing Address:**

11965 SW 270 ST.  
HOMESTEAD, FL 33032 US

**New Mailing Address:**

FEI Number: 59-2245357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONE, VANESSA G REV.  
11965 SW 270 STREET  
HOMESTEAD, FL 33032 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STONE, MARK A REV.  
Address: 11965 SW 270 ST  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: T ( ) Delete  
Name: STONE, VANESSA G REV.  
Address: 11965 SW 270 STREET  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: VP ( ) Delete  
Name: TEETERS, EDWARD N REV.  
Address: 1571 NE 8 STREET, #4  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: S ( ) Delete  
Name: TINSLEY, DIANA L  
Address: 214 BELMONT ROAD  
City-St-Zip: TALLAHASSEE, FL 32301 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MCANULTY, KEVIN REV.  
Address: 472 RED ROBIN LANE  
City-St-Zip: POPLAR BLUFF, MO 63901 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. VANESSA G. STONE

T

05/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date