

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005587

FILED
May 11, 2005
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: MCANULTY, KEVIN REV.
Address: 472 RED ROBIN LANE
City-St-Zip: POPLAR BLUFF, MO 63901 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: RAMIREZ, RAMON JR.
Address: 30601 SW 156 AVE.
City-St-Zip: HOMESTEAD, FL 33033

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: VANESSA STONE

T

05/11/2005

Electronic Signature of Signing Officer or Director

_____ Date