

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90438 047 ****61.25

20042028



04122006 Chg-NP CR2E037 (11/05)

DOCUMENT # N03000009022 1. Entity Name THE ARK OF SALVATION CHIEF CORNERSTONE MINISTRIES, INC.					
Principal Place of Business 421 N E 68TH ST APT 4 MIAMI, FL 33138				Mailing Address 421 N E 68TH ST APT 4 MIAMI, FL 33138	
2. Principal Place of Business 15007 N.E. 6th Ave Suite, Apt. #, etc. Apt. 123 City & State North Miami, FL Zip 33161		3. Mailing Address 15007 N.E. 6th Ave Suite, Apt. #, etc. Apt. 123 City & State North Miami, FL Zip 33161		4. FEI Number 54-2130427	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORNER, ROSETTA 421 N E 68TH ST APT 4 MIAMI, FL 33138			7. Name and Address of New Registered Agent Name Corner, Rosetta Street Address (P.O. Box Number is Not Acceptable) 15007 N.E. 6th Ave., Apt. 123 City North Miami FL Zip Code 33161		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 P NAME CORNER, ROSETTA STREET ADDRESS 421 N E 68TH ST APT 4 CITY-ST-ZIP MIAMI, FL 33138	<input type="checkbox"/> Delete		TITLE P, D NAME 15007 N.E. 6 th Ave., Apt. 123 STREET ADDRESS North Miami, FL 33161 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME POPE, CYNTHIA STREET ADDRESS 421 N E 68TH ST APT 4 CITY-ST-ZIP MIAMI, FL 33138	<input type="checkbox"/> Delete		TITLE NAME 15007 N.E. 6 th Ave., Apt. 123 STREET ADDRESS North Miami, FL 33161 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP D NAME DEMMONS, HAVONTAL STREET ADDRESS 421 N E 68TH ST APT 4 CITY-ST-ZIP MIAMI, FL 33238	<input type="checkbox"/> Delete		TITLE NAME 15007 N.E. 6 th Ave, Apt. 123 STREET ADDRESS North Miami, FL 33161 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> 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 exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-06 305-354-2807 <small>Date Daytime Phone #</small>		