

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008291

FILED
Apr 30, 2009
Secretary of State

Entity Name: CORNERSTONE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

3812 DORAL CT
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

3812 DORAL CT
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 55-0885708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KESSNER, DOUGLAS
3812 DORAL CT
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

KESSNER, DOUGLAS DP
3812 DORAL CT
PORT ST LUCIE, FL 34952 US

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: DOUGLAS KESSNER

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERUSKI, STEVE
Address: 665 BAYBERRY
City-St-Zip: JENSEN BEACH, FL 34957

Title: DP () Delete
Name: KESSNER, DOUGLAS
Address: 3812 DORAL CT
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DV () Delete
Name: KESSNER, LORNA
Address: 3812 DORAL CT
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DV () Delete
Name: WOODS, COLIN
Address: 3812 DORAL CT
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS () Delete
Name: PERUSSKEY, KATHY
Address: 665 NE BAY BERRY LANE
City-St-Zip: JENSEN BCH, FL 34957

Title: T () Delete
Name: WHARTON, EVE
Address: PO BOX 884
City-St-Zip: JUPITER, FL 33468

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUGLAS KESSNER

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date