

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004956

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE NEW CHIEF CORNERSTONE MINISTRIES, INC.

Current Principal Place of Business:

820 S. PARK AVE.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

820 S. PARK AVE.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 16-1726431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, CLORETHA DR
820 S. PARK AVE.
WINTER GARDEN, FL 34787 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: JAMES, CLORETHA
Address: 820 S. PARK AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: V () Delete
Name: JAMES, NORMAN SR.
Address: 820 S. PARK AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: MITCHELL, WILLIE MAE
Address: 820 S. PARK AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: MIKE, JANICE
Address: 820 S. PARK AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: PRESLEY, SHEMONE TRUSTEE
Address: 820 S. PARK AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: DUBOIS, AROSEO JR.
Address: 316 SOUTHERN PECAN CR., 105
City-St-Zip: WINTER GARDEN, FL 34787

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: () 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: DR. CLORETHA JAMES TH.D

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date