

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90022 043 \*\*\*\*61.25

**DOCUMENT # N25982**

1. Entity Name

**CORNERSTONE CHRISTIAN CHURCH, INCORPORATED**

Principal Place of Business

9191 ORANGE DRIVE  
 DAVIE FL 33328

Mailing Address

3527 GNEFFIN ROAD  
 FT. LAUDERDALE FL 33328-2506

*15 9191 Orange Drive  
 Davie FL 33328*

**00021358**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0047370**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AVELLO, JOYCE**  
~~3910 S W 56TH CT~~ **1500 NW 166 AVE.**  
~~FT. LAUDERDALE FL 33312~~ **PEMBROKE PINES, FL**  
**33028**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AVELLO, DOMINICK P.	
STREET ADDRESS	<del>3910 S W 56TH CT</del> <b>1500 NW 166 AVE.</b>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del> <b>PEMBROKE PINES, FL 33028</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AVELLO, JOYCE	
STREET ADDRESS	<del>3910 S W 56TH CT</del> <b>1500 NW 166 AVE.</b>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del> <b>PEMBROKE PINES, FL 33028</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAVDA, MAHESH	
STREET ADDRESS	10401 N COMMUNITY HS RD	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, BENJAMIN F	
STREET ADDRESS	10151 SW 9TH LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINICK P. AVELLO	
STREET ADDRESS	1500 NW 166 AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	SD!	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE AVELLO	
STREET ADDRESS	1500 NW 166 AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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

*[Signature]*  
**DOMINICK P. AVELLO**

**2/9/00 (954) 474-4407**

CR2E037 (9/99)