## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 09, 2006 8:00 am **Secretary of State** DOCUMENT # N25982 03-09-2006 90154 012 \*\*\*\*70.00 CORNERSTONE CHRISTIAN CHURCH, INCORPORATED Principal Place of Business Mailing Address 9191 ORANGE DRIVE 9191 ORANGE DRIVE **DAVIE, FL 33328** DAVIE, FL 33328 2. Principal Place of Business 8950 STIRLING ROAD 3. Mailing Address P.O. BOX 292040 Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0047370 City & State City & State Applied For COOPER CITY DAVIE Not Applicable Zip Country S. Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAME MARIO BRAMNICK AVELLO, JOYCE Street Address (P.O. Box humber is Not Acceptable) 1500 NW 166 AVE PEMBROKE PINES, FL 33028 9050 PINES BLVD. CITY PEMBROKE PINES, FL 338624 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 3-2-06 MARIO BRAMNICK SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to П Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition Change . AVELLO, DOMINICK P. 2703 SUTHERLAND DRIVE AVELLO, DOMINICK P. NAME NAME 1500 NW 166 AVE STREET ADORESS STREET ADDRESS PEMBROKE PINES, FL 33028 THOMPSON'S STATION, TN CITY-ST-ZIP CITY-ST-ZIP 37179 SD **TITLE** □ Delete TITLE AVELLO, JOYCE AVELLO, JOYCE NAME NAME 2703 SUTHERLAND DRIVE 1500 NW 166 AVE STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-7IP CITY-ST-7IP THOMPSON'S STATION, TN 37179 TITLE TITLE ☐ Delete ☐ Addition NAME GREEN, BENJAMIN F NAMI STREET ADDRESS 10151 SW 9TH LANE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL CITY-ST-ZIP 330 LS TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY.ST. 7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

3-206 05

FILED