FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000585 (9)

1. Corporation Name

CORNERSTONE CONSULTING MINISTRIES, INC.

Principal Place of Business	Mailing Address
8035 S.W. 107TH AVE. SUITE 112 MIAMI FL 33173	8035 S.W. 107TH AVE. SUITE 112 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report: NEW

4. FEI Number: 65-0471389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 10621 N. KENDALL DRIVE	26 10621 N. KENDALL DRIVE
Suite, Apt. #, etc. 22 113	Suite, Apt. #, etc. 27 113
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL
Zip / Country 24 33176 / 25 DADE	Zip / Country 29 33176 / 30 DADE

9. Name and Address of Current Registered Agent

MILLER, WILLIAM J
8035 S.W. 107TH AVE.
SUITE 112
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Treasurer (D)	1.1 TITLE	☐ Change ☐ Addition
NAME	William J. Miller	1.2 NAME	
STREET ADDRESS	8035 S.W. 107 Ave. #112	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33173	1.4 CITY-ST-ZIP	
TITLE	Vice President/Secretary (D)	2.1 TITLE	☐ Change ☐ Addition
NAME	Sherrilyn M. Miller	2.2 NAME	
STREET ADDRESS	8035 S.W. 107 Ave. #112	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33173	2.4 CITY-ST-ZIP	
TITLE	Director (D)	3.1 TITLE	☐ Change ☐ Addition
NAME	Carlos Cortes R.	3.2 NAME	
STREET ADDRESS	13590 S.W. 48 Lane	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33175	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☑ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP	Carlos Cortes R.	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Miller — April 25, 1995 — 305-271-0509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000091