FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000585 (9)

CORNERSTONE CONSULTING MINISTRIES, INC.

Principal Place of Business		Mailing Address			80/11 80/01 0/101 10/01 0/11 10E
10821 N. KEND/	ALL DRIVE	10621 N. KENDALL DRIVE		3. Date Incorporated or Qualified	
STE 113 Miami fl 33176		STE 113 MIAMI FL 33176		02/04/1994	
US		US		4. FEI Number	Applied For
9 Drivelant D	lace of Business	2a. Mailing Address		65-0471389	Not Applicable
21		26		Certificate of Status Desired	\$8.75 Additional Fee Reguired
Suite, Apt.	·	Sulte, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowi	ners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name		
MILLER, WILLIAM J 82 Street Addre				dress (P.O. Box Number is Not Acceptable)	
8035 S.W. 107TH AVE.			00017101	oross (10. pox remost to recrease)	
SUITE 112					
MIAMI FL	· -		84 City		85 Zip Code
			Jan Oiky	F	L So Zip Gode
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purpose	of changing its registered
agent. I a	registered agent, or both, in the state im familiar with, and accept the obligs	ations of, Section 617.0503, Flor	uthonzed by the corpor rida Statutes.	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature req		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VPSD	☐ DEL e te	1.1 TITLE	•	☐ Change ☐ Addition
NAME	Miller, Sherrilyn M		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	D	DELETE	2.1 TITLE		Change Addition
NAME	CORTES, CARLOS R		2.2 NAME		
STREET ADDRESS	13590 S.W. 48 LANE		2.8 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2. 4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, WILLIAM J		3.2 NAME		
STREET ADDRESS	8035 S.W. 107 AVE. #112		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		בי הבנבונ	4.1 TITLE		Thereads Tryongoli
NAME CTRCCT ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		l I
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		C) perfit	5.2 NAME		File country
STREET ADDRESS	:		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	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 hereby c	ertify that the information supplied wi	th this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this annual report or supplementa	l annual report is true and accu-	rate and that my signat	ure shall have the same legal effect as if made	under oath: that I am an
officer or director of the corporation of 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.					

William J. Miller President 2/20/98 **SIGNATURE:**

FILED

Feb 26 1998 8:00am

Secretary of State