

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000585	
1. Entity Name CORNERSTONE CONSULTING MINISTRIES, INC.	

Principal Place of Business 10621 N. KENDALL DRIVE STE 113 MIAMI FL 33176 US	Mailing Address 10621 N. KENDALL DRIVE STE 113 MIAMI FL 33176 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/04)

4. FEI Number 65-0471389	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, WILLIAM J 8035 S.W. 107TH AVE. SUITE 112 MIAMI FL 33173	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

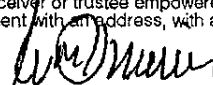
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D CASTRO, DAVID PO BOX 565340 MIAMI FL 33256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D HOOPER, LARRY K 950 N KROME AVE SUITE 106 HOMESTEAD FL 33030	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
DV MILLER, SHERRILYN 11839 SW 179 TERRACE MIAMI FL 33183	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D CORTES, CARLOS 460 CROSS CREEK TRAIL MURPHY NC 28906	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
DP MILLER, WILLIAM J 11839 SW 79 TERRACE MIAMI FL 33183	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **April 22, 2005** (205) 271-509

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