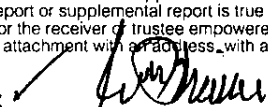


FILED
Mar 19, 2007 8:00 am
Secretary of State

40038584



DOCUMENT # N94000000585				03-19-2007 90084 041 ****61.25	
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0471389	Applied For Not Applicable
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, WILLIAM J 8035 S.W. 107TH AVE. SUITE 112 MIAMI, FL 33173			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	CASTRO, DAVID	NAME			
STREET ADDRESS	P.O. BOX 160	STREET ADDRESS			
CITY-ST-ZIP	FORT WHITE, FL 33142	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HOOPER, LARRY K	NAME			
STREET ADDRESS	1207 SOUTH WASHINGTON AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MARSHALL, TX 75670	CITY-ST-ZIP			
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MILLER, SHERRILYN	NAME			
STREET ADDRESS	11839 SW 179 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	CORTES, CARLOS	NAME			
STREET ADDRESS	129 PENNY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	MURPHY, NC 28906	CITY-ST-ZIP			
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MILLER, WILLIAM J	NAME			
STREET ADDRESS	11839 SW 79 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP			
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: 		03-13-07 (205) 331-8480			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			