

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003621

1. Entity Name

CORNERSTONE PROPHETIC MINISTRIES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90060 018 ****61.25

Principal Place of Business

Mailing Address

4332 RIVERSIDE PARK RD
 ORLANDO FL 32860
 US

PO BOX 458
 GROVELAND FL 34736-0458
 US

2. Principal Place of Business

4356 Justamere Ln.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Groveland, Fl.

City & State

Zip

34736

Country

US

Zip

Country

4. FEI Number

59-3250910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES, JESSE REV.
 4332 RIVERSIDE PARK RD
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4356 Justamere Ln.

City

Groveland Fl.

FL

Zip Code
 34736

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD JAMES, JESSE REV.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4332 RIVERSIDE PARK RD ORLANDO FL	
TITLE NAME	VD JAMES, LEDELL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4332 RIVERSIDE PARK RD ORLANDO FL	
TITLE NAME	STD TOBIN, ANGELA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	537 BROOKWOOD LANE MATLAND FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4356 Justamere Ln. Groveland Fl. 34736	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4356 Justamere Ln. Groveland Fl. 34736	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4348 Justamere Ln. Groveland, Fl. 34736	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2000 (352) 429-7874
 Date Daytime Phone #

CR2E037 (9/99)