

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90092 003 ****61.25

0084458

DOCUMENT # N94000003621

1. Entity Name

CORNERSTONE PROPHETIC MINISTRIES, INC.



Principal Place of Business

**4356 JUSTAMERE LN
GROVELAND FL 34736
US**

Mailing Address

**PO BOX 458
GROVELAND FL 34736
US**

2. Principal Place of Business

1302 Shady Grove Path

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3248

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Cedar Park, Texas

City & State

Cedar Park, Texas

4. FEI Number **59-3250910**

Applied For

Not Applicable

Zip

78613

Country

U.S.A.

Zip

78630

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMES, JESSE REV.
4356 JUSTAMERE LN
GROVELAND FL 34736**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	JAMES, JESSE REV.	
STREET ADDRESS	4356 JUSTAMERE LN	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, LEDELL	
STREET ADDRESS	4356 JUSTAMERE LN	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RINKER, LYLE	
STREET ADDRESS	4348 JUSTAMERE LANE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

CR2E037 (10/02)

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: *S. Ledell James*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 03