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

## DOCUMENT # N9400003621

1. Entity Name


**FILED** Jan 17, 2003 8:00 am Secretary of State
01-17-2003 90092 003 \*\*\*\*61.25

CORNERSTONE PROPHETIC MINISTRI	IES, INC.			
Principal Place of Business	Mailing Address			
4356 JUSTAMERE LN GROVELAND FL 34736 US	PO BOX 458 GROVELAND FL 34736 US			
Principal Place of Business     1302 Shady Grove Path	3. Mailing Address			

US		US						
2. Principa	I Place of Business	3. Mailing Address		<del></del>				
1302 Shady Grove Path					FIII BABA <b>Go</b> al <b>Fo</b> il <b>Go</b>	<b>20</b> 11/01/01/11/06 <b>3</b> 1/1		
Suite, Apt. #, etc.		P.O. Box 3248 Suite, Apt. #, etc.		4				
		OGRE, FIDE. W. CRC.		<del></del> -	-	CHECK-HERE-IF-M	<del>AKING CHANG</del> E	s
City & St		City & State			4 55111			
Cedar Park, Texas		Cedar Park, Texas		4. FEI Number 59-3250910 Applied For				
Zip Country		Zip Country		Not Applicable				
786 <b>§</b> 3	0.5.5.	78630	U.S	λ	5. Certificate of St	tatus Desired	\$8.75 A	
	6. Name and Address of Current F	legistered Agent	<u> </u>	. А.	7. Name and Add	ress of New Regist	Fee Requi	ired
1			Na	me	THE MEDICAL PAGE	reas of New Regist	tered Agent	
JAMES,	JESSE REV.							
4356 JU	JSTAMERE LN	Street Address		eet Address (I	P.O. Box Number is N	Not Acceptable)	-	
GROVE	AND FL 34736							
			<u> </u>	·				
		·	City	y			FL Zip Co	de
8. The abov	re named entity submits this statement for ations of registered agent.	the number of changing its	registered offi	55 55 55 <del>5</del>				
the obliga	ations of registered agent.	harbaad at stirriging its	registered (III)	ce or registere	ed agent, or both, in	the State of Florida.	l am familiar with	n, and accept
SIGNATURE								ĺ
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	. Registered Agent :	signature required	when reinstating)		DATE	
					<del></del>			
	EU E NOW, FFF 10 act of	9 Election Cam	naign Einanai					
	FILE NOW: FEE IS \$61.25	Trust Fund Co	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make C	heck Payable	to
				_	Added to rees	Fiorida De	epartment of	State
								1
10.	OFFICERS AND DIRE	CTORS	11.	A	DDITIONS/CHANGE			
10. TITLE	PD	CTORS Delete		A	DDITIONS/CHANGE		ID DIRECTORS II	N 10
TITLE NAME	PD JAMES, JESSE REV.	· · · · · · · · · · · · · · · · · · ·	11. TITLE NAME	A	DDITIONS/CHANGE			
TITLE NAME STREET ADDRESS	PD JAMES, JESSE REV. 4356 JUSTAMERE LN	· · · · · · · · · · · · · · · · · · ·	TITLE		DDITIONS/CHANGE		ID DIRECTORS II	N 10
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I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: