

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735415

Entity Name: CORNERSTONE FAMILY MINISTRIES, INC.**Current Principal Place of Business:**1802 N ALBANY AVENUE
TAMPA, FL 33607**Current Mailing Address:**PO BOX 4576
TAMPA, FL 33677-4576 US**FEI Number: 59-0638509****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**STONE, CATHY EX. DIR
1802 N ALBANY AVENUE
TAMPA, FL 33607 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	EXECUTIVE DIRECTOR
Name	STONE, CATHY C
Address	2707 W WOODLAWN AVE
City-State-Zip:	TAMPA FL 33607

Title	TREASURER
Name	RAIN, HILARY
Address	18720 CHAVILLE RD
City-State-Zip:	LUTZ FL 33558

Title	DIRECTOR OF FINANCE & ADMINISTRATION
Name	ELLIS, SARAH
Address	201 BLOOMINGFIELD DR
City-State-Zip:	BRANDON FL 33511

Title	PRESIDENT
Name	GOLD, JEFFREY
Address	12713 BENTY WAY
City-State-Zip:	ODESSA FL 33556

Title	SECRETARY
Name	HENK, SKIP
Address	24156 SR 54 STE 4
City-State-Zip:	LUTZ FL 33559

Title	VP
Name	PARRY, JR, CURTIS
Address	732 S VILLAGE CIRCLE
City-State-Zip:	TAMPA FL 33606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARAH ELLIS**DIRECTOR OF FINANCE & 01/19/2021
ADMINISTRATION**_____
Electronic Signature of Signing Officer/Director Detail_____
Date