

2015 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	PRES
Name	BERLIN, LESLIE
Address	4207 SALTWATER BLVD.
City-State-Zip:	TAMPA FL 33615

Title	VP
Name	DILLINGER, JOSH
Address	10923 COUNTRYWAY BLVD
City-State-Zip:	TAMPA FL 33626

Title	SECR
Name	PARRY, CURTIS
Address	1511 N WESTSHORE BLVD SUITE 500
City-State-Zip:	TAMPA FL 33607

Title	TRES
Name	MASTERS, MARGARET
Address	12714 OAKLEAF AVE
City-State-Zip:	TAMPA FL 33612

Title	EXECUTIVE DIRECTOR
Name	STONE, CATHY C
Address	915 W COUNTRY CLUB DRIVE
City-State-Zip:	TAMPA FL 33612

Title	SR. DIRECTOR
Name	DYSON, ANGELA
Address	P. O. BOX 5746
City-State-Zip:	TAMPA FL 33675

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: CATHY STONE**EXECUTIVE DIRECTOR****01/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date