

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005587

**FILED**  
**May 21, 2020**  
**Secretary of State**  
**7290833393CC**

**Entity Name:** CORNERSTONE CHRISTIAN CENTER OF HOMESTEAD, FL INC.

**Current Principal Place of Business:**

10844 SW 188TH STREET  
CUTLER BAY, FL 33157

**Current Mailing Address:**

10844 SW 188TH STREET  
CUTLER BAY, FL 33157 US

**FEI Number:** 59-2245357

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TINSLEY, VANESSA  
10860 SW 188TH STREET  
MIAMI, FL 33157 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:** VANESSA TINSLEY

05/21/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            TINSLEY, VANESSA REV.  
Address        1965 SW 270 STREET  
City-State-Zip: HOMESTEAD FL 33032

Title            DIRECTOR  
Name            SCAVONE, AL REV.  
Address        4632 ROTHSCHILD DR  
City-State-Zip: CORAL SPRINGS FL 33071

Title            DIRECTOR EMERITUS  
Name            TINSLEY, DIANA  
Address        21 FARMBROOK LANE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR, SECRETARY  
Name            ANGLADE, CASSANDRE D  
Address        1401 NE 191 STREET #412  
City-State-Zip: MIAMI FL 33179

Title            VP OF OPERATIONS  
Name            MARGARITA, SPENCER  
Address        18801 BELVIEW DR  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            JULIE, PEREZ  
Address        201 BOWEN MILLS DR  
City-State-Zip: BONAIRE GA 31005

Title            DIRECTOR  
Name            HICKEY, RAQUEL  
Address        6200 SW 37TH STREET  
City-State-Zip: MIAMI FL 33155

Title            DIRECTOR  
Name            HOLDEN, ALICIA M  
Address        125 NE 32 STREET  
                  608  
City-State-Zip: MIAMI FL 33137

**Continues on page 2**

*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:** VANESSA TINSLEY

**PRESIDENT**

05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MILLER, RYAN M  
Address        10844 SW 188TH STREET  
City-State-Zip: CUTLER BAY FL 33157

Title           DIRECTOR  
Name           THOMPSON, SHARON  
Address        444 BRICKELL AVE  
                  P51  
City-State-Zip: MIAMI FL 33130