

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005587

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC6964758212**

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

**Current Principal Place of Business:**

13295 SW 268TH STREET  
HOMESTEAD, FL 33032

**Current Mailing Address:**

13295 SW 268TH STREET  
HOMESTEAD, FL 33032 US

**FEI Number:** 59-2245357

**Certificate of Status Desired:** No

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

TINSLEY, VANESSA  
13295 SW 268TH STREET  
HOMESTEAD, FL 33032 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

04/05/2018

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

Title            DIRECTOR  
Name            DEVON, SCHWEIDEL  
Address        3839 KUMQUAT AVE.  
City-State-Zip: MIAMI FL 33133

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            COO  
Name            JULIE, PEREZ  
Address        11965 SOUTHWEST 270 ST  
City-State-Zip: MIAMI FL 33032

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

**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**

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MESA, MAYRA  
Address        260 CRANDON BLVD  
City-State-Zip: KEY BISCAYNE FL 33149