

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25982

**Entity Name:** CORNERSTONE CHURCH MINISTRIES, INC.

**Current Principal Place of Business:**

5933 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**Current Mailing Address:**

P.O. BOX 292040  
DAVIE, FL 33329-2040 US

**FEI Number: 65-0047370**

**Certificate of Status Desired: No**

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

AVELLO, DOMINICK M  
734 EAST MICHIGAN STREET  
# 109  
ORLANDO, FL 32806 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	PD
Name	AVELLO, DOMINICK P
Address	708 LANGFORD COURT
City-State-Zip:	FRANKLIN TN 37067
Title	D
Name	LANFORD, CHRISTA A
Address	1035 TANYARD SPRINGS DRIVE
City-State-Zip:	SPRING HILL TN 37174

Title	SD
Name	AVELLO, JOYCE A
Address	708 LANGFORD COURT
City-State-Zip:	FRANKLIN TN 37067
Title	D
Name	AVELLO, DOMINICK M
Address	734 EAST MICHIGAN STREET, #109
City-State-Zip:	ORLANDO FL 32806

*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: CHRISTA LANFORD**

**DIRECTOR**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date