

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90034 017 ****61.25

DOCUMENT # 721902

1. Entity Name

CORNERSTONE CHURCH OF THE NAZARENE INC.



Principal Place of Business

10310 LEM TURNER RD
JACKSONVILLE FL 32218

Mailing Address

10310 LEM TURNER RD
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1648935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CALVIN
11859 V.C. JOHNSON ROAD
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME WILLIAMS, KAY
STREET ADDRESS 405 MALCROSS AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE TRD ☐ Delete
NAME JOHNSON, CALVIN
STREET ADDRESS 11859 V.C. JOHNSON RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TRD ☐ Delete
NAME SPENCE, SID
STREET ADDRESS 14158 LEM TURNER RD.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TRD ☐ Delete
NAME WILLIAMS, BETTY
STREET ADDRESS 10310 LEM TURNER RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☒ Delete
NAME SPENCE, LORRAINE
STREET ADDRESS 14158 LEM TURNER RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Treasurer*
STREET ADDRESS *Janet Johnson*
CITY-ST-ZIP *11859 V.C. Johnson Rd.*
Jacksonville, FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Calvin W. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/04 *904-764-4563*