

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 MAY -1 AM 9:14

**DOCUMENT # 729830 (0)**

1. Corporation Name  
**CORNERSTONE ASSEMBLY OF GOD OF JACKSONVILLE, INC**

Principal Place of Business <b>2100 DUNN AVENUE JACKSONVILLE FL 32218</b>	Mailing Address <b>2100 DUNN AVENUE JACKSONVILLE FL 32218</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/24/1974</b>	3a. Date of Last Report <b>05/24/1994</b>
4. FEI Number <b>59-1542893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1541 LEM TURNER RD</b>	2a. Mailing Address 26 <b>P.O. Box 29866</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>JACKSONVILLE FL</b>	City & State 28 <b>JACKSONVILLE FL</b>
Zip 24 <b>32208</b>	Country 25 <b>DUVAL</b>
Zip 29 <b>32226-8866</b>	Country 30 <b>DUVAL</b>

9. Name and Address of Current Registered Agent <b>WARD, JAMES N. 2100 DUNN AVENUE JACKSONVILLE FL 32218</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>STD</b>	<b>GREGORY, HAZEL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>2100 DUNN AVE</b>	<b>JACKSONVILLE FL</b>	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<b>DUNCAN, IRIS</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>10906 WINGATE RD.</b>	<b>JACKSONVILLE FL</b>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<b>BROUGHTON, GEORGE KIM</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>11815 HARGETT RD.</b>	<b>JACKSONVILLE FL</b>	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<b>WARD, JAMES N.</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>2100 DUNN AVE</b>	<b>JACKSONVILLE FL</b>	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James N. Ward **JAMES N. WARD** 4/29/95 **(904) 757-2082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED MAY 1 1995