


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90031 031 \*\*\*\*70.00

<b>DOCUMENT # 729830</b> 1. Entity Name <b>CORNERSTONE CHRISTIAN MINISTRIES OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>9767 IVEY ROAD JACKSONVILLE, FL 32246 US</b>			Mailing Address <b>9767 IVEY ROAD JACKSONVILLE, FL 32246 US</b>		
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 <b>59-1542893</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WARD, JAMES N. 9767 IVEY ROAD JACKSONVILLE, FL 32246</b>			7. Name and Address of New Registered Agent Name <b>WARD, PHILLIP C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2965 Amelia Bluff Drive</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32226</b>		
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 <u><i>Phillip Ward</i></u> <b>Phillip Ward / President 1.6.2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, HAZEL		NAME		
STREET ADDRESS	8845 5TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, IRIS		NAME		
STREET ADDRESS	5388 TIMBERLINE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32277		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTS CHARLES ALLEN		NAME		
STREET ADDRESS	3122 CHAPELWOOD LANE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32216		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, JAMES N.		NAME	<b>WARD, JAMES N.</b>	
STREET ADDRESS	1134 FROMAGE CIRCLE WEST		STREET ADDRESS	<b>9767 IVEY ROAD</b>	
CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>WARD, PHILLIP C.</b>	
STREET ADDRESS			STREET ADDRESS	<b>2965 AMELIA BLUFF DRIVE</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>JACKSONVILLE, FL 32226</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:</b> <u><i>Phillip Ward</i></u> <b>PHILLIP WARD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1.6.2005 904.646.5656</b> <small>Date Daytime Phone #</small>		