

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729830

FILED
Jul 31, 2006
Secretary of State

Entity Name: CORNERSTONE CHRISTIAN MINISTRIES OF JACKSONVILLE, INC.

Current Principal Place of Business:

9767 IVEY ROAD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9767 IVEY ROAD
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-1542893 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARD, PHILLIP C
2965 AMELIA BLUFF DR
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: GREGORY, HAZEL
Address: 8645 5TH AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: DUNCAN, IRIS,
Address: 5388 TIMBERLINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: POTTS CHARLES ALLEN,
Address: 3122 CHAPELWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: WARD, JAMES N.
Address: 9767 IVEY ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: PD () Delete
Name: WARD, PHILLIP C
Address: 2965 AMELIA BLUFF DR
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILLIP C. WARD

PD

07/31/2006

Electronic Signature of Signing Officer or Director

_____ Date