

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729830

FILED  
Apr 06, 2008  
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 ( )**

**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:

I hereby certify that the information supplied with this filing does not qualify 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

04/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date