



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000009759</b> 1. Entity Name <b>CORNERSTONE CHRISTIAN FELLOWSHIP OF JACKSONVILLE CORP.</b>						*FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 OCT 25 AM 11:52 <b>REINSTATEMENT 05</b> 10/12/05 01051 003 \$70.00 	
Principal Place of Business <b>600-1 ST. JOHNS BLUFF RD. N. JACKSONVILLE, FL 32225</b>				Mailing Address <b>600-1 ST. JOHNS BLUFF RD. N. JACKSONVILLE, FL 32225</b>			
2. Principal Place of Business		3. Mailing Address		10222005 REIN-NP		CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>20-1707472</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>COLLEY, DAN 10760 CLYDESDALE DR. E. JACKSONVILLE, FL 32257</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <i>Dan Colley</i> <b>DAN COLLEY</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10-24-2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLLEY, DAN 10760 CLYDESDALE DR. E. JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, D DAN J. Thomas, Jr. 365 W. Silverthorn LN ST AUGUSTINE, FL 32095</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BREWER, DON 1318 LEE RD. ST. JOHNS, FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MICHAEL TARGONSKI 11793 Tierra Verde LN JACKSONVILLE, FL 32258</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AKEL, GARY 3675 CATHEDRAL OAKS DR. JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300060927139 10/25/05---01071---005 **175.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIANNINI, JOHN 9409 KELLS RD. JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERBERT, JOHN 11836 LAKE FERN DR. JACKSONVILLE, FL 32258</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARKSON, JOHN S 2513 RIVER ENCLAVE LANE JACKSONVILLE, FL 32226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Dan Colley</i> <b>DAN COLLEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10-24-2005</b>		Daytime Phone # <b>9043430429</b>	