

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90024 045 ****70.00

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1. Entity Name
**CORNERSTONE CHRISTIAN FELLOWSHIP OF
JACKSONVILLE CORP.**



Principal Place of Business
**600-1 ST. JOHNS BLUFF RD. N.
JACKSONVILLE, FL 32225**

Mailing Address
**600-1 ST. JOHNS BLUFF RD. N.
JACKSONVILLE, FL 32225**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1707472

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLEY, DAN
10760 CLYDESDALE DR. E.
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLEY, DAN
STREET ADDRESS	10760 CLYDESDALE DR. E.
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	VP
NAME	BREWER, DON
STREET ADDRESS	1318 LEE RD.
CITY - ST - ZIP	ST. JOHNS, FL 32259
TITLE	S
NAME	AKEL, GARY
STREET ADDRESS	3675 CATHEDRAL OAKS DR.
CITY - ST - ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	GIANNINI, JOHN
STREET ADDRESS	9409 KELLS RD.
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	HERBERT, JOHN
STREET ADDRESS	11836 LAKE FERN DR.
CITY - ST - ZIP	JACKSONVILLE, FL 32258
TITLE	D
NAME	CLARKSON, JOHN S
STREET ADDRESS	2513 RIVER ENCLAVE LANE
CITY - ST - ZIP	JACKSONVILLE, FL 32226

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *DAN J THOMAS JR* **DAN J THOMAS JR** 1-24-06 904 3430429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #