


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000009759	
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
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DO NOT WRITE IN THIS SPACE

01272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1707472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLEY, DAN 10760 CLYDESDALE DR. E. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREWER, DON 1318 LEE RD. ST. JOHNS, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AKEL, GARY 3675 CATHEDRAL OAKS DR. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANNINI, JOHN 9409 KELLS RD. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT, JOHN 11836 LAKE FERN DR. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKSON, JOHN S 2513 RIVER ENCLAVE LANE JACKSONVILLE, FL 32226

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02/02/07-80070-006 61.25

**DO NOT WRITE
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 Colley 1/28/2007 904.642.7520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #