

**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**



01272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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**

U00000611606
02/02/07-80070-006 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2007
Date

904.642.7520
Daytime Phone #