2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2008
Secretary of State

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Entity Name: CORNERSTONE CHRISTIAN FELLOWSHIP OF JACKSONVILLE CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1707472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLEY, DAN
10760 CLYDESDALE DR. E.
JACKSONVILLE, FL 32257 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:	P	( ) Delete
Name:	COLLEY, DAN	
Address:	10760 CLYDESDALE DR. E.	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	VP	( ) Delete
Name:	BREWER, DON	
Address:	1318 LEE RD.	
City-St-Zip:	ST. JOHNS, FL 32259	
Title:	S	( ) Delete
Name:	AKEL, GARY	
Address:	3675 CATHEDRAL OAKS DR.	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	D	( ) Delete
Name:	GIANNINI, JOHN	
Address:	9409 KELLS RD.	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	HERBERT, JOHN	
Address:	11836 LAKE FERN DR.	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	CLARKSON, JOHN S	
Address:	2513 RIVER ENCLAVE LANE	
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:	
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: SANDRA M. COOK TRES 03/30/2008
Electronic Signature of Signing Officer or Director — Date