2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010295

FILED Mar 31, 2009 Secretary of State

Entity Name: CORNERSTONE CHRISTIAN CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	ST.						
#2 JACKSON'	VILLE, FL 3	32208					
Current Mailing Address:				New Mailing Address:			
154 W. 9TI JACKSON	H ST. VILLE, FL 3	32206					
El Number:	20-3425187	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Desired	d()
Name and	Address o	f Current Registered Agent:		Name and	Address of	New Registered Agent:	
SCOTT, TOYA 154 W. 9TH ST JACKSONVILLE, FL 32206 US				SCOTT, TOYA 1251 BEACON POINT DR. #711 JACKSONVILLE, FL 32246 US			
	named enti e of Florida.	ty submits this statement for the	purpose o	f changing i	ts registered	l office or registered agent, o	or both,
SIGNATURE:						03/31/2009	
	Elect	ronic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	P CALVY, FRE 154 W. 9TH JACKSONVI			Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	S RODGERS, 1710 E. 30T JACKSONVI			Title: Name: Address: City-St-Zip:	SCOTT, TOY 1251 BEACC	(X) Change()Addition A NN POINT DR. #711 LLE, FL 32246 US	
Fitle: Name: Address: City-St-Zip:	D CALVY, FRA 154 W. 9TH JACKSONVI			Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	D REAVES, TO 2320 CALAD JACKSONVI			Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	2257 HARTE	() Delete -SCHOFIELD, INEZ RIDGE ST. LLE, FL 32257 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	D RODGERS, 1710 E. 30T JACKSONVI			Title: Name: Address: City-St-Zip:		() Change () Addition	

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: FREDDIE A. CALVY P 03/31/2009