

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012127

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** CORNERSTONE COMMUNITY CHURCH AT FLEMING ISLAND INC.

**Current Principal Place of Business:**

1659 MAJESTIC VIEW LN  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

2245 PLANTATION CENTER DR  
SUITE 56  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

P O BOX 9708  
FLEMING ISLAND, FL 32006

**New Mailing Address:**

FEI Number: 26-1722645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUFFFEY, CARLOS L  
1659 MAJESTIC VIEW LN  
ORANGE PARK, FL 32003      US

**Name and Address of New Registered Agent:**

DUFFFEY, CARLOS L  
1659 MAJESTIC VIEW LN  
FLEMING ISLAND, FL 32003      US

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: CARLOS L. DUFFEY

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DUFFEY, CARLOS L PRES  
Address: 1659 MAJESTIC VIEW LN  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP      (X) Delete  
Name: DUFFEY, JESSE L VP  
Address: 2181 HWY. 36 W  
City-St-Zip: JACKSON, GA 30233

Title: SEC      ( ) Delete  
Name: DUFFEY, GERRI A SEC  
Address: 1659 MAJESTIC VIEW LANE  
City-St-Zip: ORANGE PARK, FL 32003

**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:

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: CARLOS L. DUFFEY

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date