

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010082

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** CORNERSTONE CHURCH OF CLAY COUNTY INC.

**Current Principal Place of Business:**

4679 PINE GATE RD  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

1067 BULKHEAD RD  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

4679 PINE GATE RD  
ORANGE PARK, FL 32003

**New Mailing Address:**

1067 BULKHEAD RD  
GREEN COVE SPRINGS, FL 32043

**FEI Number:** 26-3643241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLSON, HENRY M  
4679 PINE GATE RD  
ORANGE PARK, FL 32003 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: WITHAM, STEPHEN D  
Address: 3648 SPYGLASS CT.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete  
Name: KENNISON, CHESTER  
Address: 2605 FERNLEAF DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SEC ( ) Delete  
Name: BOGGER, MARGARET  
Address: 3401 WALL RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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: MARGARET BOGGER

SEC

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date