

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010305

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** COUNTER CULTURE MINISTRIES OF JACKSONVILLE INC.

**Current Principal Place of Business:**

5465 VERNA BLVD.  
JACKSONVILLE,, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

1486 BLUES CREEK DR.  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

**FEI Number:** 45-3756702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWARD, TIMOTHY PASTOR  
1486 BLUES CREEK DR.  
JACKSONVILLE, FL 32221 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  
Name: STEWARD, TIMOTHY PASTOR  
Address: 1486 BLUES CREEK DR  
City-St-Zip: JACKSONVILLE,, FL 32221 US

Title: DIR  
Name: STEWARD, JESSICA  
Address: 1486 BLUES CREEK DR  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: DIR  
Name: SINCLAIR, GLORIA  
Address: 8095 BEAVER CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR  
Name: PRUITT, RODRICK  
Address: 8759 MOSS HAVEN RD.  
City-St-Zip: JACKSONVILLE, FL 32221 US

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY STEWARD

PRES

03/20/2012

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

\_\_\_\_\_  
Date