

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002124

1. Entity Name

CORNERSTONE PENTECOSTAL CHURCH, INC.



**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

8109 ACREE RD.  
JACKSONVILLE, FL 32219 US

Mailing Address

2954 W. 10TH ST  
JACKSONVILLE, FL 32254 US



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3317194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREWS, WILLIE  
8109 ACREE RD.  
JACKSONVILLE, FL 32219

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Willie Crews*

2-6-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
THIGPEN, JAMES T  
2954 W 10TH ST  
JACKSONVILLE, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MCCORKEL, STEVE  
3138 W. 5TH ST.  
JACKSONVILLE, FL 32254

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
JAMES, THOMAS  
10336 ELMHURST DR  
JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SMITH, MELVIN  
11124 PINE ESTATES DR  
JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRA  
CREWS, WILLIE  
8109 ACREE RD  
JACKSONVILLE, FL 32219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
THIGPEN, BETTY  
2954 W. 10TH ST  
JACKSONVILLE, FL 32254

U00000628862  
02/16/07-80033-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Betty Thigpen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

904-766-8576

Daytime Phone #