

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002124

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** CORNERSTONE PENTECOSTAL CHURCH, INC.

**Current Principal Place of Business:**

8109 ACREE RD.  
JACKSONVILLE, FL 32219 US

**New Principal Place of Business:**

**Current Mailing Address:**

2954 W. 10TH ST  
JACKSONVILLE, FL 32254 US

**New Mailing Address:**

**FEI Number:** 59-3317194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CREWS, WILLIE  
8109 ACREE RD.  
JACKSONVILLE, FL 32219 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: T ( ) Delete  
Name: THIGPEN, JAMES T  
Address: 2954 W 10TH ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete  
Name: MCCORKEL, STEVE  
Address: 3138 W. 5TH ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: T (X) Delete  
Name: JAMES, THOMAS  
Address: 10336 ELMHURST DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete  
Name: SMITH, MELVIN  
Address: 11124 PINE ESTATES DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: PRA ( ) Delete  
Name: CREWS, WILLIE  
Address: 8109 ACREE RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: DC ( ) Delete  
Name: THIGPEN, BETTY  
Address: 2954 W. 10TH ST  
City-St-Zip: JACKSONVILLE, FL 32254

**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:

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: DEANA S. HADDEN

S

02/05/2009

Electronic Signature of Signing Officer or Director

Date