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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-28-2001 90090 008 ****70.00

DOCUMENT # N96000001277

1. Entity Name

CORNER STONE CHURCH OF GOD IN CHRIST INC. NON-DE

Principal Place of Business	Mailing Address
7534 J.F.K. DRIVE WEST JACKSONVILLE FL 32219	7534 J.F.K. DRIVE WEST JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7534 J.F.K. Drive West Suite, Apt. #, etc.	7534 J.F.K. Drive West Suite, Apt. #, etc.
City & State: Jacksonville Fl. 32219	City & State: Jacksonville Fl. 32219
Zip: 32219 Country: DUVAL	Zip: 32219 Country: DUVAL

4. FEI Number 59-3457953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

SPIKES, CECIL MAE
7534 JOHN F. KENNEDY DRIVE WEST
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE Cecil Mae Spikes April 23-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ASP NAME STREET ADDRESS CITY-ST-ZIP	ASP SPIKES, NAPOLEON Asst. Pastor 4-23-01 7534 J.F. DR WEST 7534 JFK Dr. W. JACKSONVILLE FL JAX., FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Asst. SMITH, LOUISE L Louise Smith LOT 170 NORMANDY BLVD LOT 170 Normandy JACKSONVILLE FL JAX. FL 32	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Miss. WHITE, LAVETTA Lavetta White 5334 SHANNON AVE 5334 Shannon Ave JACKSONVILLE FL JAX, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Deacon SPIKES, LEON Leon Spike 7534 JFK DRIVE WEST 7534 J.F.K Dr W. JACKSONVILLE FL JAX. FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Y.P. NAME STREET ADDRESS CITY-ST-ZIP	Youth Deacon Lepoleon Spikes 5334 Shannon Ave JAX. FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Y.P. NAME STREET ADDRESS CITY-ST-ZIP	Youth Pastor LARON SPIKES 7534 J.F.K Dr. W. JAX FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Leon 5-11-01 D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5-11-01 904-924-2446