

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 26 PM 12:12

DOCUMENT # N96000001277

1. Entity Name
CORNER STONE CHURCH OF GOD IN CHRIST INC.
NON-DENOMINATIONAL



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

Mailing Address
7534 J.F.K. DRIVE WEST
JACKSONVILLE, FL 32219



07262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

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 September 8, 2004**

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
ASP
SPIKES, NAPOLEON
7534 J.F. DR WEST
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, LOUISE L
LOT 170 NORMANDY BLVD
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, LAVETTA
5334 SHANNON AVE
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPIKES, LEON
7534 JFK DRIVE WEST
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
YD
SPIKES, LEPOLEON
5334 SHANNON AVE
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
YP
SPIKES, LA RON
7534 J.F.K. DR W
JACKSONVILLE, FL

800039738418
07/30/04-01064-010-8.75

800039738418
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**DO NOT WRITE
IN THIS SPACE**

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:

Napoleon Spikes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #