

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000001277

1. Entity Name

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



FILED

05 SEP -7 AM 11:45

SECRETARY OF STATE



Principal Place of Business

7534 J.F.K. DRIVE WEST
JACKSONVILLE FL 32219

Mailing Address

7534 J.F.K. DRIVE WEST
JACKSONVILLE FL 32219

2. Principal Place of Business

9208 5th Ave
Suite, Apt. #, etc.

3. Mailing Address

9208 5th Ave
Suite, Apt. #, etc.

2nd MOORE

CR2E037 (5/05)

City & State

JACK. FL.
32208

City & State

JACK. FL.
32208

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

SIGNATURE

Cecil Spikes

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
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. ASP OFFICERS AND DIRECTORS

TITLE NAME SPIKES, NAPOLEON ☐ Delete
7534 J.F. DR WEST
STREET ADDRESS JACKSONVILLE FL
CITY-ST-ZIP D

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 200059781332
09/20/05--01039--017 **70.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

Cecil Spikes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-05