

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90023 001 *****8.75
09-13-2006 90023 002 *****61.25

66024028



09052006 Chg-NP CR2E037 (4/06)

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

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N96000001277

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

Principal Place of Business
9208 5TH AVE.
JACKSONVILLE, FL 32208

Mailing Address
9208 5TH AVE.
JACKSONVILLE, FL 32208

2. Principal Place of Business
6351 Raw Hyde trail N
Suite, Apt. #, etc.

3. Mailing Address
6351 Raw Hyde trail N
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
322

Country
Duval

Zip
322

Country
Duval

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: Spikes, Cecil Mae
Street Address (P.O. Box Number is Not Acceptable): 6351 Raw Hyde trail N
City: Jacksonville 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 Mae Spikes* DATE: 9-06-06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASP SPIKES, NAPOLEON 7534 J.F. DR WEST JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LOUISE L LOT 170 NORMANDY BLVD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LAVETTA 5334 SHANNON AVE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIKES, LEON 7534 JFK DRIVE WEST JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD SPIKES, LEPOLEON 5334 SHANNON AVE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YP SPIKES, LA RON 7534 J.F.K. DR W JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cecil M. Spikes* DATE: 9/06/06 904-764-0691

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)