2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N96000001277

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

Current Principal Place of Business:

6351 RAW-HYDE TRAIL NORTH
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

6351 RAW-HYDE TRAIL NORTH
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3457953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIKES, CECIL
6351 RAW-HYDE TRAIL NORTH
JACKSONVILLE, FL 32210 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:	ASP	( ) Delete
Name:	SPIKES, NAPOLEON	
Address:	6351 RAW-HYDE TRAIL NORTH	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	SEC	( ) Delete
Name:	SMITH, LOUISE L	
Address:	8985 NOMANDY BLVD #179	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	D	( ) Delete
Name:	WHITE, LAVETTA	
Address:	5334 SHANNON AVE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	SPIKES, LEON	
Address:	7534 JFK DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	YD	( ) Delete
Name:	SPIKES, LEPOLEON	
Address:	5334 SHANNON AVE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	YP	( ) Delete
Name:	SPIKES, LA RON	
Address:	8985 NORMANDY BLVD #179	
City-St-Zip:	JACKSONVILLE, FL 32210	

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: CECIL M. SPIKES REV. 04/02/2009
Electronic Signature of Signing Officer or Director — Date