

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0100678

DOCUMENT # N96000001277

1. Entity Name

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 23 AM 10:11

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

7534 J.F.K. Dr. West  
Suite, Apt. #, etc.

3. Mailing Address

7534 J.F.K. Dr. W.  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

JACK, FL

City & State

JACK, FL

4. FEI Number 59-3457953

Applied For

Not Applicable

Zip

32219

Country

USA

Zip

32219

Country

USA

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

6-23-03

FILE NOW: FEE IS \$61.25

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
NAME 700021079707  
STREET ADDRESS 06/23/03--01048--001 \*\*\$61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 700021079707  
STREET ADDRESS 06/23/03--01051--001 \*\*\$10.00  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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 authority to be empowered.

SIGNATURE:

*Napoleon Spikes*

6-23-03

CR2E037 (10/02)