

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002306

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: CORNERSTONE CHURCH, INC.

## Current Principal Place of Business:

4549 ST. AUGUSTINE ROAD  
#2  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 19156  
JACKSONVILLE, FL 322459156 US

## New Mailing Address:

FEI Number: 59-3375400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPON, JOHN R  
120 INTERNATIONAL PARKWAY  
SUITE 220  
HEATHROW, FL 32746 US

## Name and Address of New Registered Agent:

THOMASON, RONNY D  
12538 GATELY OAKS LN. E.  
JACKSONVILLE, FL 32225 US

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: RONNY D. THOMASON

04/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THOMASON, RONNY D  
Address: 12538 GATELY OAKS LANE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete  
Name: FELLOWS, ROBERT  
Address: 3387 CAROLINE RIDGE LANE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: WAGNER, JOSEPH  
Address: 12305 MOUNTAIN VIEW TERRACE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete  
Name: WILSON, HAROLD  
Address: 431 ASHCROFT LANDING DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: NORMAND, DONALD O  
Address: P.O. BOX 831  
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONNY D. THOMASON

PD

04/11/2005

Electronic Signature of Signing Officer or Director

Date