2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N96000002306

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:

THOMASON, RONNY D
4435 TOUCHTON ROAD E.
APT. 204
JACKSONVILLE, FL 32246 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:	PD	( ) Delete
Name:	THOMASON, RONNY D DR.	
Address:	4435 TOUCHTON ROAD E. APT. 204	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	VPD	( ) Delete
Name:	FELLOWS, ROBERT L REV.	
Address:	3387 CAROLINE RIDGE LANE EAST	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	SD	( ) Delete
Name:	WAGNER, JOSEPH DR.	
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:	D	( ) Delete
Name:	NORMAND, DONALD O DR.	
Address:	P.O. BOX 831	
City-St-Zip:	MELROSE, FL 32666	

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:	

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: RONNY D. THOMASON PD 03/25/2009
Electronic Signature of Signing Officer or Director — Date