

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002306

FILED  
Jan 18, 2011  
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 (X)

**Name and Address of Current Registered Agent:**

THOMASON, RONNY D  
10135 GATE PARKWAY N.  
APT. 1604  
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  
Name: THOMASON, RONNY D DR.  
Address: 10135 GATE PARKWAY N. APT. 1604  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD  
Name: FELLOWS, ROBERT L REV.  
Address: 12606 KERNAN FOREST BLVD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD  
Name: WAGNER, JOSEPH DR.  
Address: 8450 GATE PARKWAY W #1805  
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: D  
Name: NORMAND, DONALD O DR.  
Address: P.O. BOX 831  
City-St-Zip: MELROSE, FL 32666

I hereby 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 all other like empowered.

SIGNATURE: RONNY D. THOMASON

PRES

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date