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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # N98000005599

1. Corporation Name

CORNERSTONE CHRISTIAN ACADEMY OF JAX, INC.



Principal Place of Business

10010 LEM TURNER ROAD
 CHURCH OF NAZARENE
 JACKSONVILLE FL

Mailing Address

P.O. BOX 28099
 JACKSONVILLE FL 32226

2. Principal Place of Business

21 10663 Haverford

2a. Mailing Address

26 P O Box 28099

3. Date Incorporated or Qualified

09/28/1998

4. FEI Number

59-3092189

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

23 JAX FLA

City & State

28 JAX FLA

Zip

24 32218

Country

25 USA

Zip

29 32226

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, CAROL
 4424 KEY LARGO DRIVE
 JACKSONVILLE FL 32218

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME L. SPENCE
 STREET ADDRESS Lem Turner Rd
 CITY-ST-ZIP JAX FLA 32218

TITLE DELETE
 NAME C. POOLE
 STREET ADDRESS P.O. Box 28099
 CITY-ST-ZIP JAX FLA 32226

TITLE DELETE
 NAME A. BROOKS
 STREET ADDRESS P.O. Box 28099
 CITY-ST-ZIP JAX FLA 32226

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P President
 1.2 NAME CAROL Blake
 1.3 STREET ADDRESS 4424 Key Largo Dr
 1.4 CITY-ST-ZIP JAX FLA 32218

2.1 TITLE S Secretary
 2.2 NAME Susan MacLain
 2.3 STREET ADDRESS Rtd
 2.4 CITY-ST-ZIP Hilland Fla

3.1 TITLE T Treasurer
 3.2 NAME S. L. SPENCE
 3.3 STREET ADDRESS Lem Turner Rd
 3.4 CITY-ST-ZIP JAX FLA 32218

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

4-17-99 904-768 3008

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