

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729830

**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC6953841504**

**Entity Name:** CORNERSTONE CHRISTIAN MINISTRIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1820 MONUMENT ROAD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1820 MONUMENT ROAD  
JACKSONVILLE, FL 32225 US

**FEI Number: 59-1542893**

**Certificate of Status Desired: No**

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

WARD, PHILLIP C  
2965 AMELIA BLUFF DR  
JACKSONVILLE, FL 32226 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WARD, PHILLIP C  
Address 2965 AMELIA BLUFF DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title D  
Name WARD, JAMES N  
Address 3127 SANDHURST ROAD EAST  
City-State-Zip: JACKSONVILLE FL 32277

Title D  
Name MURTAUGH, TIM  
Address 8129 JOSE CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name MCMENEMY, JOHN  
Address 315 CLEARWATER DRIVE  
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR  
Name BRADFORD, JOHN D  
Address 3891 FERNGLEN DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

*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: PHILLIP WARD**

**PASTOR/PRESIDENT**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date