## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 729830** 

Entity Name: CORNERSTONE CHRISTIAN MINISTRIES OF JACKSONVILLE,

INC.

FILED
Apr 11, 2016
Secretary of State
CC9857859866

## **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 Title D

Name WARD, PHILLIP C Name WARD, JAMES N

Address 2965 AMELIA BLUFF DRIVE Address 3127 SANDHURST ROAD EAST

City-State-Zip: JACKSONVILLE FL 32226 City-State-Zip: JACKSONVILLE FL 32277

Title D Title C

Name MURTAUGH, TIM Name MCMENEMY, JOHN

Address 8129 JOSE CIRCLE WEST Address 315 CLEARWATER DRIVE City-State-Zip: JACKSONVILLE FL 32217 City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR Title DEACON

Name BRADFORD, JOHN D Name EKKAWI, RUDY

Address 3891 FERNGLEN DRIVE Address 1820 MONUMENT ROAD

City-State-Zip: JACKSONVILLE FL 32277 City-State-Zip: JACKSONVILLE FL 32225

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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT/PASTOR 04/11/2016