

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009759

**Entity Name:** CORNERSTONE CHRISTIAN FELLOWSHIP OF JACKSONVILLE CORP.

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC2433090898**

**Current Principal Place of Business:**

600-1 ST. JOHNS BLUFF RD. N.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

600-1 ST. JOHNS BLUFF RD. N.  
JACKSONVILLE, FL 32225

**FEI Number: 20-1707472**

**Certificate of Status Desired: No**

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

CLARKSON, JOHN  
2513 RIVER ENCLAVE  
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	P	Title	VP
Name	BREWER, DON	Name	HERBERT, JOHN
Address	1318 LEE RD	Address	4389 FERN CREEK DR
City-State-Zip:	ST JOHNS FL 32259	City-State-Zip:	JACKSONVILLE FL 32277
Title	ST		
Name	CLARKSON, JOHN		
Address	2513 RIVER ENCLAVE		
City-State-Zip:	JACKSONVILLE FL 32226		

*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: JOHN CLARKSON

SECRETARY

04/29/2013

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

\_\_\_\_\_ Date