

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001614

**Entity Name:** CORNERSTONE CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

14047 ALABAMA ST  
JAY, FL 32565

**Current Mailing Address:**

P.O. BOX 236  
JAY, FL 32565 US

**FEI Number: 61-1606145**

**Certificate of Status Desired: No**

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

BARROW, FREDERICK PASTOR  
4200 HWY 4 EAST  
JAY, FL 32565 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 PASTOR  
Name BARROW, FREDERICK  
Address 4200 HWY 4 EAST  
City-State-Zip: JAY FL 32565

Title DEACON  
Name WOLFE, JOHNNY  
Address 3825 COUNTRY MILL RD  
City-State-Zip: JAY FL 32565

Title T  
Name ODOM, STEPHANIE  
Address 3090 H CARR RD  
City-State-Zip: JAY FL 32565

Title D  
Name ODOM, RONALD  
Address 3090 H CARR ROAD  
City-State-Zip: JAY FL 32565

Title D  
Name COZART, WILLIAM  
Address 4830 COZART LANE  
City-State-Zip: JAY FL 32565

*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: STEPHANIE ODOM**

**TREASURER**

**02/19/2024**

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

\_\_\_\_\_  
Date