

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004306

Entity Name: CORNERSTONE OF JACKSONVILLE, INC.**Current Principal Place of Business:**9039 BEACH BLVD
JACKSONVILLE, FL 32216**Current Mailing Address:**9039 BEACH BLVD
JACKSONVILLE, FL 32216 US**FEI Number:** 46-5505366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STABLES, DONNA L
9039 BEACH BLVD
JACKSONVILLE, FL 32216 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:** DONNA L. STABLES

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, CEO, PRESIDENT,
DIRECTOR
Name STABLES, DONNA L
Address 9039 BEACH BLVD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, SECRETARY
Name WAGNER, ERIC
Address 9039 BEACH BLVD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name LONSKIY, ROSTISLAV
Address 9039 BEACH BLVD
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER, CFO, DIRECTOR
Name CORLEY, DONALD C III
Address 9039 BEACH BLVD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name METLIKA, KATHY
Address 9039 BEACH BLVD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name THOMAS, SCHANNE
Address 9039 BEACH BLVD
City-State-Zip: JACKSONVILLE FL 32216

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: DONALD CORLEY IIITREASURER, CFO,
DIRECTOR

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date