2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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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: Yes

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 01/06/2018

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
Name	METLIKA, KATHY
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	DIRECTOR
Name	THOMAS, SCHANNE
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	SECRETARY, DIRECTOR
Name	WAGNER, ERIC
Address	9039 BEACH BLVD
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR, PASTOR
Name	HENDERSON, JEREMY
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: DONNA STABLES CHAIRMAN 01/06/2018

Electronic Signature of Signing Officer/Director Detail — Date