


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 761687 1. Entity Name THE CORNERSTONE SCHOOL, INC.	
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Principal Place of Business 2313 S.E. LAKEWEIR ROAD OCALA, FL 34471 US	Mailing Address 2313 S.E. LAKEWEIR ROAD OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2217451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRABB, SUSAN CPA
2215 SE FT.KING STREET
SUITE #B
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERFALL, INGRID 2313 SE LAKE WEIR RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PAGLIA, LEE ANN 2080 SW 37TH STREET RD OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O POPEIL, KATHY 6795 SW 18TH TERRACE ROAD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GIBSON, OLIVIA S 1540 SE 33RD RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROTZ, VIC 8899 SE 17TH CT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/25/07-80035-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wasserfall 01/22/07 352-351-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #