

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761687

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE CORNERSTONE SCHOOL, INC.

Current Principal Place of Business:

2313 S.E. LAKEWEIR ROAD
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2313 S.E. LAKEWEIR ROAD
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2217451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASSERFALL, INGRID
Address: 2313 SE LAKE WEIR RD
City-St-Zip: OCALA, FL 34471

Title: O () Delete
Name: LIN, JON
Address: 3131 SE 18TH COURT
City-St-Zip: OCALA, FL 34475

Title: O () Delete
Name: POPEIL, KATHY
Address: 6795 SW 18TH TERRACE ROAD
City-St-Zip: OCALA, FL 34476

Title: O () Delete
Name: DOMFORT, JEFF
Address: 663 SE 19TH STREET
City-St-Zip: OCALA, FL 34471

Title: O () Delete
Name: ROTZ, VIC
Address: 8899 SE 17TH CT
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: INGRID WASSERFALL

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date