

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90242 024 \*\*\*\*70.00

**DOCUMENT # F03000002109**

1. Entity Name  
**CORNERSTONE FESTIVAL, INC.**



Principal Place of Business  
939 W. WILSON AVE., FL 2  
CHICAGO, IL 60640

Mailing Address  
920 W. WILSON AVE  
CHICAGO, IL 60640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
36-3844004

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, MICHAEL D  
288 S. LAKE JESSUP AVE  
OVIEDO, FL 32765

Name Crawford, Michael D

Street Address (P.O. Box Number is Not Acceptable)  
938 McDonald St

City Lakeland

FL

Zip Code  
33801

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HERRIN, JOHN  
STREET ADDRESS 920 W WILSON AVE., #213  
CITY-ST-ZIP CHICAGO, IL 60640

TITLE V ☐ Delete  
NAME TROTT, JON  
STREET ADDRESS 920 W WILSON AVE., #218  
CITY-ST-ZIP CHICAGO, IL 60640

TITLE S ☐ Delete  
NAME WATKINS, SALLY  
STREET ADDRESS 920 W WILSON AVE., #210  
CITY-ST-ZIP CHICAGO, IL 60640

TITLE T ☐ Delete  
NAME BRICKEY, KAREN  
STREET ADDRESS 920 W WILSON AVE., #526  
CITY-ST-ZIP CHICAGO, IL 60640

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sally Watkins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2004 773-989-2087  
Date Daytime Phone #