2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# F03000002109

Entity Name: CORNERSTONE FESTIVAL, INC.

Current Principal Place of Business:

939 W. WILSON AVE., FL 2
CHICAGO, IL 60640

New Principal Place of Business:

Current Mailing Address:

920 W. WILSON AVE
CHICAGO, IL 60640

New Mailing Address:

FEI Number: 36-3844004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAWFORD, MICHAEL D
938 MCDONALD ST
LAKELAND, FL 33801 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: P ( ) Delete
Name: HERRIN, JOHN
Address: 920 W WILSON AVE., #213
City-St-Zip: CHICAGO, IL 60640

Title: V ( ) Delete
Name: TROTT, JON
Address: 920 W WILSON AVE., #218
City-St-Zip: CHICAGO, IL 60640

Title: S ( ) Delete
Name: WATKINS, SALLY
Address: 920 W WILSON AVE., #210
City-St-Zip: CHICAGO, IL 60640

Title: T ( ) Delete
Name: BRICKEY, KAREN
Address: 920 W WILSON AVE., #526
City-St-Zip: CHICAGO, IL 60640

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY WATKINS S 01/31/2005

Electronic Signature of Signing Officer or Director — Date