

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2005  
Secretary of State**

DOCUMENT# N00000002295

Entity Name: CORNERSTONE CHRISTIAN UNIVERSITY INC.

**Current Principal Place of Business:**

750 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 58  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

4950 CLARCONA-OCOEE RD  
ORLANDO, FL 32810 US

**Current Mailing Address:**

P.O. BOX 585477  
ORLANDO, FL 32858 US

**New Mailing Address:**

FEI Number: 59-3719062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIDORE, TARDIEU DR  
2900 WOODBRIDGE LANE  
ORLANDO, FL 32808 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: PD ( ) Delete  
Name: RIDORE, TARDIEU  
Address: 2900 WOODBRIDGE LANE  
City-St-Zip: ORLANDO, FL 32808

Title: VT ( ) Delete  
Name: RIDORE, GUERLINE  
Address: 2900 WOODBRIDGE LANE  
City-St-Zip: ORLANDO, FL 32808

Title: DS ( ) Delete  
Name: ERNEST, FRITZ  
Address: 5944 ARTHUR STREET  
City-St-Zip: HOLLYWOOD, FL 33021

**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:

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: TARDIEU RIDORE

PD

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date