

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003137

FILED
Jan 08, 2008
Secretary of State

Entity Name: CORNERSTONE ACADEMY AND MINISTRIES, INC.

Current Principal Place of Business:

3536 NW 8TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 357430
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 59-3646631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, LAURA LEIGH
15714 SE 60 TERR.
MICANOPY, FL 32667 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: CD () Delete
Name: MUNI, ROBERT C
Address: 4411 NW 19 AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: VCD () Delete
Name: ZERR, THERESA
Address: 25 NW 127 ST.
City-St-Zip: NEWBERRY, FL 32669

Title: TD () Delete
Name: MORRISON, CRAIG
Address: 4330 NW 22 TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: KING, ELIZABETH
Address: 2427 NW 64 TERR.
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: ANGERHOFER, ALEX
Address: 3741 NW 23 AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: CONSTANTIN, BERNICE
Address: 1528 NW 94 ST.
City-St-Zip: GAINESVILLE, FL 32606 62

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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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: LAURA LEIGH GLOVER

MRS.

01/08/2008

Electronic Signature of Signing Officer or Director

Date