


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005337

**DOCUMENT # N01000005280**

1. Entity Name  
**CORNERSTONE CHRISTIAN SCHOOL OF BREVARD INC.**



FILED

03 SEP 30 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
 CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**6050 S. BABCOCK ST., SUITE 19  
PALM BAY FL 32909**

Mailing Address  
**6050 S. BABCOCK ST., SUITE 19  
PALM BAY FL 32909**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3735232**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, HECTOR C  
6050 S. BABCOCK ST., SUITE 19  
PALM BAY, FL 32909**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Hector C Martinez*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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		<input type="checkbox"/> Delete
TITLE	<b>D</b>	
NAME	<b>MARTINEZ, HECTOR</b>	
STREET ADDRESS	<b>1660 COUNTRY COVE CIR.</b>	
CITY-ST-ZIP	<b>MALABAR FL 32950</b>	
TITLE	<b>D</b>	
NAME	<b>BOWMAN, ERIC</b>	
STREET ADDRESS	<b>1506 WACKER AVE., SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	
TITLE	<b>D</b>	
NAME	<b>BARTA, MARK</b>	
STREET ADDRESS	<b>1026 LASSEN AVE. NW</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS	<b>500023359875</b>		
CITY-ST-ZIP	<b>09/26/03--01039--008 **236.25</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **SIGNATURE REQUIRED**

215V 03 321-729-9120

CR2E037 (4/03)