


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 014 ****70.00

DOCUMENT # N02000002677

1. Entity Name
Cornerstone Academy, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4917 State Road 54 Suite, Apt. #, etc. New Port Richey City & State Florida Zip 34652 Country USA		3. Mailing Address 4917 State Road 54 Suite, Apt. #, etc. New Port Richey City & State Florida Zip 34652 Country USA	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 74-3048765		Applied For Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Pamela Konon Street Address (P.O. Box Number is Not Acceptable) 4930 New England Blvd. City New Port Richey FL Zip Code 34652		

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE Director NAME Pam Konon STREET ADDRESS 4930 New England Blvd CITY-ST-ZIP New Port Richey, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE Director NAME Cynthia Harrison STREET ADDRESS 5515 Carbine Court CITY-ST-ZIP New Port Richey, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Director NAME Jane Scott STREET ADDRESS 5515 Carbine Court CITY-ST-ZIP New Port Richey, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Scott Jane Scott 6/20/03 727-848-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037B (12/02)