

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004487

FILED
Apr 19, 2005
Secretary of State

Entity Name: CORNERSTONE COUNSELING & EDUCATION CENTER, INC.

Current Principal Place of Business:

8700 STATE ROAD 72
SARASOTA, FL 342419578

New Principal Place of Business:

Current Mailing Address:

8700 STATE ROAD 72
SARASOTA, FL 342419578

New Mailing Address:

FEI Number: 04-3762223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALK, EVERETT P
8700 STATE ROAD 72
SARASOTA, FL 342419578 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: WALK, EVERETT P
Address: 5318 SUMMERWOOD COURT
City-St-Zip: SARASOTA, FL 34233

Title: VD () Delete
Name: MCDONALD, MARIE
Address: 4749 OLD STONE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: STD () Delete
Name: ROBERTS, PAMALA S
Address: 4873 OLD RANCH ROAD
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: FRY, GREGORY J
Address: 4018 OLIVE DRIVE
City-St-Zip: SARASOTA, FL 34231

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: PAMALA S. ROBERTS

STD

04/19/2005

Electronic Signature of Signing Officer or Director

Date