

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008322

FILED
Jul 03, 2005
Secretary of State

Entity Name: CORNERSTONE EDUCATIONAL SOLUTIONS INC.

Current Principal Place of Business:

7671 S. TREETOP CIRCLE
JACKSONVILLE, FL 32244

New Principal Place of Business:

4553 SHIRLEY AVENUE
JACKSONVILLE, FL 32210

Current Mailing Address:

7671 S. TREETOP CIRCLE
JACKSONVILLE, FL 32244

New Mailing Address:

4301 COPNFEDERATE POINT ROAD APT 49
JACKSONVILLE, FL 32210

FEI Number: 20-1516779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, DEMETRIS
7671 S. TREETOP CIRCLE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

HARRIS, DEMETRIS
4301 COPNFEDERATE POINT ROAD APT 49
JACKSONVILLE, FL 32210 US

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: DEMETRIS HARRIS

07/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, DEMETRIS
Address: 7671 S. TREETOP CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: HARRIS, STEPHANIE
Address: 7671 S. TREETOP CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: BUCHANAN, LAURA
Address: 7667 JANA LANE S.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: KELLY, JAMES
Address: 8044 COLONNADE CT. E.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, DEMETRIS
Address: 4301 CONFEDERATE POINT ROAD APT 49
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD (X) Change () Addition
Name: HARRIS, STEPHANIE
Address: 4301 CONFEDERATE POINT ROAD APT 49
City-St-Zip: JACKSONVILLE, FL 32210

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: DEMETRIS HARRIS

PD

07/03/2005

Electronic Signature of Signing Officer or Director

Date