

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008322

FILED
Feb 28, 2008
Secretary of State

Entity Name: CORNERSTONE EDUCATIONAL SOLUTIONS INC.

Current Principal Place of Business:

6404 BARTHOLF AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4301 CONFEDERATE POINT ROAD APT 49
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 14471
JACKSONVILLE, FL 32238

FEI Number: 20-1516779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, DEMETRIS
4301 CONFEDERATE POINT ROAD APT 49
JACKSONVILLE, FL 32210 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: HARRIS, DEMETRIS
Address: 4301 CONFEDERATE POINT ROAD APT 49
City-St-Zip: JACKSONVILLE, FL 32210

Title: VS () Delete
Name: HARRIS, STEPHANIE
Address: 4301 CONFEDERATE POINT ROAD APT 49
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: BARNEY, RICKIE
Address: 1951 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: GOODMAN, SHENAVIAN F
Address: 1943 WAGES WAY S
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: BEDEAU, IRENE E
Address: 1943 WAGES WAY S
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: HAROLD, ANDREW E JR
Address: 2375 WINDCHIME DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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: DEMETRIS HARRIS

PD

02/28/2008

Electronic Signature of Signing Officer or Director

Date