2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N07000003653

Entity Name: CORNERSTONE EDUCATIONAL AND COUNSELING CENTER, INC.

Current Principal Place of Business:

909 NORTHERN DRIVE
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

909 NORTHERN DRIVE
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

COLLINS, ROSALYN R PRES
909 NORTHERN DRIVE
LAKE PARK, FL 33403 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:	PRES	( ) Delete
Name:	COLLINS, ROSALYN R	
Address:	P.O. BOX 530038	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	VP	( ) Delete
Name:	DANIELS, JASMINE	
Address:	909 NORTHERN DRIVE	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	SECR	(X) Delete
Name:	DELLAVOLPE, JILL	
Address:	909 NORTHERN DRIVE	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	TREA	( ) Delete
Name:	SMITH, BRIANNA N	
Address:	909 NORTHERN DRIVE	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	VP	( ) Delete
Name:	WILSON, DEMARCUS R	
Address:	909 NORTHERN DRIVE	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	VP	( ) Delete
Name:	RUSSELL, CASSANDRA	
Address:	9241 BIRMINGHAM DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

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

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: R.R.COLLINS PRES 05/02/2009

Electronic Signature of Signing Officer or Director — Date