

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011331

FILED
Sep 11, 2009
Secretary of State

Entity Name: CORNERSTONE UNIVERSITY FOUNDATION, INC

Current Principal Place of Business:

6630 NORTH ORANGE BLOSSOM
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6630 NORTH ORANGE BLOSSOM
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 26-3618837 **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:

Name and Address of New Registered Agent:

RIDORE, TARDIEU
6630 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIDORE, TARDIEU DR.
Address: P.O BOX 585477
City-St-Zip: ORLANDO, FL 32858

Title: VP () Delete
Name: ROTH, ROSEMARIE
Address: 15326 GREAT HAVEN DRIVE
City-St-Zip: CLEMONT, FL 34771

Title: S () Delete
Name: VALENTINE, CHRISTINE
Address: 2910 GRACE STREET
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DR. VALENTINE, CHRISTINE
Address: 5298 ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32810

Title: S (X) Change () Addition
Name: HARVEY, CHRISTINE
Address: 2910 GRACE STREET
City-St-Zip: APOPKA, FL 32703

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: TARDIEU RIDORE

PD

09/11/2009

Electronic Signature of Signing Officer or Director

Date