

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90070 017 ****61.25

DOCUMENT # N15089

1. Entity Name

CORNERSTONE FOUNDATION, INC.

Principal Place of Business

Mailing Address

400 MAITLAND AVE
 ALTAMONTE SPRINGS FL 32701
 US

400 MAITLAND AVE
 ALTAMONTE SPRINGS FL 32701
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

761 Maitland Ave.

761 Maitland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

59-2834045

Applied For

Not Applicable

Zip

32701

Country

US

Zip

32701

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIES, PERRY L
~~400 MAITLAND AVENUE~~
 ALTAMONTE SPRINGS FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

761 Maitland Ave.

City

Altamonte Springs

FL

Zip Code

32701

8. 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

Perry L. Nies

2/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

DATE

PERRY L. NIES

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT	<input type="checkbox"/> Delete
NAME	NIES, PERRY L.	
STREET ADDRESS	30 MAITLAND GROVES RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JOHANNSON, MARION	
STREET ADDRESS	402 WINDMEADOWS ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIPKIN, W. EUGENE	
STREET ADDRESS	426 HILLANDALES LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 *407-830-9008*
 Date Daytime Phone #

CR2E037 (9/01)