

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

**400 MAITLAND AVE
 ALTAMONTE SPRINGS FL 32701
 US**

Mailing Address

**400 MAITLAND AVE
 ALTAMONTE SPRINGS FL 32701
 US**

2. Principal Place of Business

761 Maitland Ave.

Suite, Apt. #, etc.

3. Mailing Address

761 Maitland Ave

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Zip

32701

Country

US

4. FEI Number

59-2834045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NIES, PERRY L

400 MAITLAND AVENUE

ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when installing)

DATE

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

TITLE **PDT.** ☐ Delete
 NAME **NIES, PERRY L.**
 STREET ADDRESS **30 MAITLAND GROVES RD**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DVP** ☐ Delete
 NAME **JOHANNSON, MARION**
 STREET ADDRESS **402 WINDMEADOWS ST**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Delete
 NAME **PIPKIN, W. EUGENE**
 STREET ADDRESS **426 HILLANDALES LANE**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Date

Daytime Phone #

2/12/02 407-830-8808

CR2E037 (9/01)