


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**DOCUMENT # N93000001284**

1. Entity Name  
CORNERSTONE THEOLOGICAL UNIVERSITY, INC.



06 OCT 23 11:15

Principal Place of Business  
1015 ATLANTIC BLVD, STE 291  
JACKSONVILLE, FL 32233 US

Mailing Address  
1015 ATLANTIC BLVD, STE 291  
JACKSONVILLE, FL 32233 US



**REINSTATEMENT**  
04/23/06 Chg-NP CR2007 (1/05) 66

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number  
59-3174354

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILDART, SHARON  
34605 ROSEBUD ROW  
ZEPHYRHILLS, FL 33541

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Alston W. Oliver* DATE: 10/23/06

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVER, ALSTON 106 OAK STREET MILFORD, ME 04461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLIVER, THERESA 106 OAK STREET MILFORD, ME 04461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYOAS, BYRON 15 PINE STREET FREDERICTON, NB, CA E38-5E3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWLER, RUTH 37 CLARK STREET HARTLAND, NB, CA E7P-1L3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILDERT, SHARON 3465 ROSEBUD ROW ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Oliver, Alston W 106 OAK ST MILFORD, ME 04461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000081252330 10/26/06--01033--005 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, BYRON 15 PINE ST FREDERICTON, NB, CA E38-5E3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fredericton, NB CA E38-5E3 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gildart, Sharon 34605 Rosebud Row Zephyrhills, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Alston W. Oliver* Alston W. Oliver, President 10/23/06 1-800-272-8238

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CORNERSTONE THEOLOGICAL UNIVERSITY  
1015 ATLANTIC BOULEVARD, SUITE 291  
JACKSONVILLE, FL 32233

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October 23, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madame:

First, see a letter and the photo-copy of the check or fee that I sent (4/22/06). This check number was: #192. This check had not cleared as of 10/23/06. Therefore, it must have got lost. Because of this, I am requesting you waive any late fees.

Second, you will please find enclosed at fee of \$8.75 for certificate and \$61.25 for the non-profit annual report fee for a total of \$70.00. **Please send the certificate to CTU's administration above address.**

Sincerely,

A handwritten signature in cursive script that reads "Alston W. Oliver". The signature is written in dark ink and is positioned above the printed name and title.

Alston W. Oliver, Ph.D.  
President

3093

CT UNIVERSITY  
ALSTON W. OLIVER  
PH. 207-944-9801  
P.O. BOX 28  
OLD TOWN, ME 04468-0028

CHECK HERE IF TAX DEDUCTIBLE ITEM

\$ \_\_\_\_\_ 192

4/25/06

Florida Dept of State  
Sixty nine and 50/100

BAL. FOR'D.

THIS PAYMENT

69.50

BALANCE

OTHER

BAL. FOR'D.

PENOBSCOT COUNTY FEDERAL CREDIT UNION  
Bangor - Old Town - Westfield  
www.penobscotcountyfcu.com

For added security, the account number no longer appears on this copy.

0192 NOT NEGOTIABLE