

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90027 029 \*\*\*\*70.00

**60024410**



04142008 Chg-NP CR2E037 (12/06)

DOCUMENT # N93000001284					
1. Entity Name CORNERSTONE THEOLOGICAL UNIVERSITY, INC.					
Principal Place of Business 1015 ATLANTIC BLVD, STE 291 JACKSONVILLE, FL 32233 US			Mailing Address 1015 ATLANTIC BLVD, STE 291 JACKSONVILLE, FL 32233 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3174354	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GILDART, SHARON 34605 ROSEBUD ROW ZEPHYRHILLS, FL 33541				Name <i>Alston W. Oliver</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>1015 Atlantic Blvd., Suite 291</i>	
				City <i>Jacksonville</i>	Zip Code <i>32233</i>
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 <i>Alston W. Oliver</i>		<i>Alston W. Oliver</i>		<i>04/14/2008</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLIVER, ALSTON W	NAME			
STREET ADDRESS	106 OAK STREET	STREET ADDRESS			
CITY-ST-ZIP	MILFORD, ME 04461	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLIVER, THERESA	NAME			
STREET ADDRESS	106 OAK STREET	STREET ADDRESS			
CITY-ST-ZIP	MILFORD, ME 04461	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LYONS, BYRON	NAME			
STREET ADDRESS	15 PINE STREET	STREET ADDRESS			
CITY-ST-ZIP	FREDERICTON, WB, CA E38-5E3	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAWLER, RUTH	NAME			
STREET ADDRESS	37 CLARK STREET	STREET ADDRESS			
CITY-ST-ZIP	HARTLAND, NB, CA E7P-1L3	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILDART, SHARON	NAME	<i>Lisa M. Cote</i>		
STREET ADDRESS	34605 ROSEBUD ROW	STREET ADDRESS	<i>RR#2, Box 316</i>		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	CITY-ST-ZIP	<i>Old Town, ME 04468</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Alston W. Oliver, President</i>		<i>04/14/2008</i>		<i>1-800-473-3137</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	