

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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>	FL	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 *Alston W. Oliver* *Alston W. Oliver* *04/14/2008*
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. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P OLIVER, ALSTON W 106 OAK STREET MILFORD, ME 04461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLIVER, THERESA 106 OAK STREET MILFORD, ME 04461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, BYRON 15 PINE STREET FREDERICTON, NB, CA E3B-5E3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lisa M. Cote</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>RR#2, Box 316</i> <i>Old Town, ME 04468</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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, President* *04/14/2008* *1-800-473-3137*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #