

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001284

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** CORNERSTONE THEOLOGICAL UNIVERSITY, INC.

**Current Principal Place of Business:**

1015 ATLANTIC BLVD, STE 291  
JACKSONVILLE, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

1015 ATLANTIC BLVD, STE 291  
JACKSONVILLE, FL 32233 US

**New Mailing Address:**

**FEI Number:** 59-3174354      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OLIVER, ALSTON W  
1015 ATLANTIC BLVD., SUITE 291  
JACKSONVILLE, FL 322233 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OLIVER, ALSTON W  
Address: 106 OAK STREET  
City-St-Zip: MILFORD, ME 04461

Title: ST ( ) Delete  
Name: OLIVER, THERESA  
Address: 106 OAK STREET  
City-St-Zip: MILFORD, ME 04461

Title: D ( ) Delete  
Name: LYONS, BYRON  
Address: 15 PINE STREET  
City-St-Zip: FREDERICTON, WB, CA E38-5E3

Title: D ( ) Delete  
Name: SAWLER, RUTH  
Address: 37 CLARK STREET  
City-St-Zip: HARTLAND, NB, CA E7P-1L3

Title: D ( ) Delete  
Name: COTE, LISA M  
Address: RR#2, BOX 316  
City-St-Zip: OLD TOWN, ME 04468

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LYONS, BYRON  
Address: 1916 HANWELL RD.  
City-St-Zip: FREDERICTON, WB, CA E38-5E3

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALSTON W. OLIVER, PH.D

P

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date