

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001284

FILED
Mar 16, 2011
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 ()

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:

OLIVER, ALSTON W
1015 ATLANTIC BLVD., SUITE 291
JACKSONVILLE, FL 32233 US

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

03/16/2011

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: COTE, LISA M
Address: 56 SOUTHGATE ROAD
City-St-Zip: OLD TOWN, ME 04468

I hereby 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 all other like empowered.

SIGNATURE: ALSTON W. OLIVER

Electronic Signature of Signing Officer or Director

PRES

03/16/2011

Date