

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001284

FILED  
Mar 14, 2012  
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 32233 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  
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, PH.D.

PRES

03/14/2012

Electronic Signature of Signing Officer or Director

Date