

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 APR 26 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northen  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000005725 (6)**

1. Corporation Name

**CORNERSTONE CHRISTIAN ACADEMY INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
20201 SW 117 AVE MIAMI FL 33177	20201 SW 117 AVE MIAMI FL 33177

3. Date Incorporated or Qualified 11/17/1994	3a. Date of Last Report INITIAL ANNUAL REPORT
4. FEI Number 65-0544344	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip, Country	28 Zip, Country
24	29

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under Ch. 198.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CROWTHER, ELIZABETH F**  
20201 SW 117 AVE  
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>X D</b>
NAME	<b>CROWTHER, ELIZABETH F</b>
STREET ADDRESS	<b>20201 SW 117 AVE</b>
CITY, ST, ZIP	<b>MIAMI FL 33177</b>
TITLE	<b>D</b>
NAME	<b>DAVID A. PETTON</b>
STREET ADDRESS	<b>421 NW 14 ST</b>
CITY, ST, ZIP	<b>HOUSTON, FL 33030</b>
TITLE	<b>SUSAN NAPIER D</b>
NAME	<b>SUSAN NAPIER</b>
STREET ADDRESS	<b>24510 SW 194 AVE</b>
CITY, ST, ZIP	<b>HOUSTON, FL 33030</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth F. Crowther*  
ELIZABETH F. CROWTHER, PRESIDENT

3/9/95 (905) 238-5233