

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2001 08:00 AM
Secretary of State

DOCUMENT # N94000005725

1. Entity Name
CORNERSTONE CHRISTIAN ACADEMY INCORPORATED

Principal Place of Business 20201 SW 117 AVE MIAMI FL 33177	Mailing Address 20201 SW 117 AVE MIAMI FL 33177
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0544344	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CROWTHER ELIZABETH F
 20201 SW 117 AVE
 MIAMI FL 33177

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE **05/08/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW PATSY <input checked="" type="checkbox"/> Delete 5455 SW 92ND AVE MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDITH GARNER <input type="checkbox"/> Delete 421 NE 12 AVENUE, APT. 109-B HOMESTEAD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA IVAN <input type="checkbox"/> Delete 4507 SW 128TH PLACE MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWTHER ELIZABETH F <input type="checkbox"/> Delete 20201 SW 117 AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER EDITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 421 NE 12 AVENUE, APT. 109-B HOMESTEAD FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL MARTIN REV. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14812 SW 140 PLACE MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWTHER ELIZABETH F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20201 SW 117 AVE MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: ELIZABETH F CROWTHER D 05/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)