

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005725

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: CORNERSTONE CHRISTIAN ACADEMY INCORPORATED

**Current Principal Place of Business:**

20201 SW 117 AVE  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

20201 SW 117 AVE  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 65-0544344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

**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: D ( ) Delete  
Name: CROWTHER, ELIZABETH F  
Address: 20201 SW 117 AVE  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: BEALL, MARTIN REV.  
Address: 14812 SW 140 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: GARNER, EDITH  
Address: 421 NE 12 AVENUE, APT. 109-B  
City-St-Zip: HOMESTEAD, FL 33030

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

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

Title: D (X) Change ( ) Addition  
Name: BEALL, MARTIN REV.  
Address: 14270 SW 152 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change ( ) Addition  
Name: CROWTHER, DAVID C  
Address: 191 NW 78 TERR #103  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELIZABETH F. CROWTHER

D

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date