

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005725

FILED
May 14, 2003
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 ()

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: 14270 SW 152 PLACE
City-St-Zip: MIAMI, FL 33186

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: CROWTHER, WILLIAM P
Address: 20201 SW 117 AVE
City-St-Zip: MIAMI, FL 33177

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

05/14/2003

Electronic Signature of Signing Officer or Director

_____ Date