2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

Feb 03, 2006 8:00 am **Secretary of State** DOCUMENT # N98000006941 02-03-2006 90017 049 ****61.25 CORNERSTONE KIDS, INC. Principal Place of Business Mailing Address 2708 CENTRAL AVE 2708 CENTRAL AVE TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3545645 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIZER, CHARLES 5208 BELLEFIELD DR Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33624** City Zip Code FL 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. I am familiar with, and accept SIGNATURE ((NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. HARRY HEDGES 574 MAR MORA AVE TITLE ☐ Delete TITLE MIZER, CHARLES NAME NAME STREET ADDRESS 5208 BELLEFIELD-DR. STREET ADDRESS TAMPA, FL. 33606 QUE HUNTER CITY-ST-ZIP TAMPA, FL 33624 3 C!TY-ST-ZIP TITLE TITLE Addition Delete NAME KERR, DENNISTON . NAME 11505 MOFFAT PL 3403 TALLY COURT STREET ADDRESS STREET ADDRESS TAMPA, FLO 336/7 ERROL KIRK Change Praddition 6112 AShFIELD Place TAMPA, FL 33618 CITY-ST-ZIP CRY-ST-ZIP TITLE ☐ Delete TITLE FITZGERALD, BRIAN NAME NAME STREET ADDRESS 4702 CLEAR AVE. STREET ADDRESS Wesley Chapel, FL. 33544 Clorence LEE Change MAddition **TAMPA, FL 33629** CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete MIZER, LEILA J NAME FAT BASTILLE Change Addition 5208 BELLEFIELD DR. STREET ADDRESS STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE MORGAN, PAM NAME NAME 403 S. MAGNOLIA STREET ADDRESS 8605 WILDWYND CT. STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP TITLE Change Delete TRIE ☐ Addition MURPHY, MINDY NAME NAME 3917 SNAPPER POINT DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA, FL 33611 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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

FILED