# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2009**
**Secretary of State**

DOCUMENT# N98000006941

**Entity Name:** CORNERSTONE KIDS, INC.

**Current Principal Place of Business:**

2708 CENTRAL AVE
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

2708 CENTRAL AVE
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number: 59-3545645** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MIZER, CHARLES
5208 BELLEFIELD DR
TAMPA, FL 33624 US

**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: | MIZER, CHARLES | |
| Address: | 5208 BELLEFIELD DR. | |
| City-St-Zip: | TAMPA, FL 33624 | |
| Title: | D | ( ) Delete |
| Name: | KERR, DENNISTON | |
| Address: | 3403 TALLY COURT | |
| City-St-Zip: | TAMPA, FL 33618 | |
| Title: | D | ( ) Delete |
| Name: | FITZGERALD, BRIAN | |
| Address: | 4702 CLEAR AVE. | |
| City-St-Zip: | TAMPA, FL 33629 | |
| Title: | D | ( ) Delete |
| Name: | MIZER, LEILA J | |
| Address: | 5208 BELLEFIELD DR. | |
| City-St-Zip: | TAMPA, FL 33624 | |
| Title: | D | ( ) Delete |
| Name: | MORGAN, PAM | |
| Address: | 8605 WILDWYND CT. | |
| City-St-Zip: | ODESSA, FL 33556 | |
| Title: | D | ( ) Delete |
| Name: | HUNTER, OLLIE | |
| Address: | 11505 MOFFAT PL | |
| City-St-Zip: | TAMPA, FL 33617 | |

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

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | KERR, DENNISTON | |
| Address: | 2733 CONCH HOLLOW DR. | |
| City-St-Zip: | TAMPA, FL 33511 | |
| 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: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES MIZER D 01/13/2009

Electronic Signature of Signing Officer or Director — Date