

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-05-2001 90368 021 ****61.25

DOCUMENT # N99000006439

1. Entity Name

CHIEF CORNERSTONE LEARNING CENTER, INC.

Principal Place of Business

1146 E. PLANT STREET
 WINTER GARDEN FL 34787

Mailing Address

1146 E. PLANT STREET
 WINTER GARDEN FL 34787

- 32317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3610748**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, CLORETHA M
1146 E. PLANT STREET
WINTER GARDEN FL 34787

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JAMES, CLORETHA M	8127 VILLAGE GREEN ROAD	ORLANDO FL 32818	<input type="checkbox"/>
VD	JAMES, NORMAN J	8127 VILLAGE GREEN ROAD	ORLANDO FL 32818	<input type="checkbox"/>
SD	BELL, WILLIE MAE	4503 LK. MARTIN LANE, APT. E	ORLANDO FL 32808	<input type="checkbox"/>
D	CARROLL, JULIUS	2701 SHERINGHAM RD	ORLANDO FL 32808	<input checked="" type="checkbox"/>
TD	MIKE, JANICE	1105 ORANGE BOULEVARD	POLK CITY FL 32808	<input checked="" type="checkbox"/>
TD	REYNOLDS, CHARLES	4510 LK. MARTIN CRIVE	ORLANDO FL 32808	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ANNIE Williams	137 COUNTRY Lake Circle	Graveland FLA. 34736	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Pearl Moses	1600 S.W. US Hwy 27	Clermont FLA. 34711	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Pamela V. Watts	P.O. Box 271	OAKLAND FLA. 34760	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 817, 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 empowerment.

SIGNATURE: Clorella M. James
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01

(407) 877-9555
 Date Daytime Phone #

Attachment
#N99000006439

THESE ARE THE CHANGES FOR THE OFFICERS AND DIRECTORS.

~~DELETED~~

(D)

CARROLL JULIUS

2701 SHERINGHAM RD

ORLANDO FL. 32808

~~ADD~~

(TD)

ANNIE WILLIAMS

137 COUNTRY LAKE CR.

GROVELAND FLA. 34736

(TD)

MIKE JANICE

1105 ORANGE BOULEVARD

POLK CITY FL. 32808

(TD)

PEARL MOSES

1600 S. W. US HYWY 27

CLERMONT FLA. 34711

(TD)

REYNOLDS CHARLES

4510 LK. MARTIN DR.

ORLANDO FLA. 32808