

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90080 011 \*\*\*\*61.25



**DOCUMENT # N99000006439**  
 1. Entity Name  
**CHIEF CORNERSTONE LEARNING CENTER, INC.**

Principal Place of Business  
**820 S. PARK AVE.  
 WINTER GARDEN FL 34787**

Mailing Address  
**P.O. BOX 783544  
 WINTER GARDEN FL 34778**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E037 (10/04)

4. FEI Number **59-3610748**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JAMES, CLORETHA M  
 820 SOUTH PARK AVE.  
 WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, CLORETHA M.	
STREET ADDRESS	8127 VILLAGE GREEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, NORMAN J	
STREET ADDRESS	8127 VILLAGE GREEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, WILLIE MAE	
STREET ADDRESS	2815 SPRING HILL CT.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, ANNIE	
STREET ADDRESS	1003 INLAND SEAS APT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 empowered.

SIGNATURE: *Clorella M. James* 3/29/05 (407) 877-9555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #