


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90005 038 ***158.75

DOCUMENT # P02000065602

1. Entity Name
CORNERSTONE CHRISTIAN SCHOOL, INC.



Principal Place of Business Mailing Address

**4604 ATLANTIC BLVD.
SUITE #2B
JACKSONVILLE FL 32207**

**4604 ATLANTIC BLVD
STE 2B
JACKSONVILLE FL 32207**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

54-2063031 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**DENISON, HOPE L
6315 BENNETT RD.
JACKSONVILLE FL 32216**

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WAGNER, DEBORAH M	
STREET ADDRESS	6619 ALTAMA RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	V	<input type="checkbox"/> Delete
NAME	HIGHSMITH, KIMBERLY L	
STREET ADDRESS	3016 MANGROVE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENISON, HOPE L	
STREET ADDRESS	6315 BENNETT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> Delete
NAME	STABLES, DONNA L	
STREET ADDRESS	6619 ALTAMA RD -	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, LOIS O	
STREET ADDRESS	13255 HARTWELL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, MOLLY	
STREET ADDRESS	2706 WOOLERY DR #10 8640 Mathonia Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32211 32211	

TITLE	FA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank F. Tolosi	
STREET ADDRESS	31004 Knight Rd.	
CITY-ST-ZIP	Hilliard, FL 32046	
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 607, 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: *Deborah M. Wagner* **2/5/04** **904-398-0014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #