

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065602

FILED
Feb 15, 2008
Secretary of State

Entity Name: CORNERSTONE CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

4000 SPRING PARK RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4000 SPRING PARK RD
STE 2B
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 54-2063031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STABLES, DONNA L
6619 ALTAMA RD.
JACKSONVILLE, FL 32216 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STABLES, DONNA L
Address: 6619 ALTAMA RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: V () Delete
Name: HIGHSMITH, KIMBERLY L
Address: 3016 MANGROVE AVE.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: STREETER, TREVOR
Address: 13131 HIGHLAND GLEN WAY EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: P () Delete
Name: WAGNER, DEBORAH M
Address: 6619 ALTAMA RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: ROGERS, LOIS O
Address: 13255 HARTWELL RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: METLIKA, KATHY
Address: 4447 BEACON DR. W.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: T (X) Change () Addition
Name: ROGERS, LOIS O
Address: 7426 DARWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32211

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA STABLES

C

02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date