

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065602

FILED  
Mar 23, 2009  
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:

4000 SPRING PARK RD.  
JACKSONVILLE, FL 32207

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: 7426 DARWOOD RD.  
City-St-Zip: JACKSONVILLE, FL 32211

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

SIGNATURE: DONNA L. STABLES

C

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date