

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 27, 2009
Secretary of State**

DOCUMENT# P02000065602

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.
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:

WAGNER, DEBORAH
6619 ALTAMA RD.
JACKSONVILLE, FL 32216 US

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: DEBORAH WAGNER 05/27/2009
Electronic Signature of Registered Agent Date

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: C (X) Change () Addition
Name: STABLES, BRANDY
Address: 7426 DARWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: V (X) Change () Addition
Name: TOLOSI, MIKE
Address: 241595 CR121
City-St-Zip: HILLIARD, FL 32046

Title: S (X) Change () Addition
Name: MEYERS, JOSH
Address: 6619 ALTAMA RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: METLIKA, KATHY
Address: 4447 BEACON DR. W.
City-St-Zip: JACKSONVILLE, FL 32225

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: DEBORAH WAGNER P 05/27/2009
Electronic Signature of Signing Officer or Director Date