

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

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1. Entity Name
CORNERSTONE CHRISTIAN SCHOOL, INC.

03-07-2003 90385 001 ***150.00
03-07-2003 90385 002 *****8.75

Principal Place of Business
**4604 ATLANTIC BLVD.
SUITE #2B
JACKSONVILLE FL 32207**

Mailing Address
**6315 BENNETT RD
JACKSONVILLE FL 32216**



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

3. Mailing Address
**4604 Atlantic Blvd.
Suite #2B
Jacksonville Fl**

CHECK HERE IF MAKING CHANGES

4. FEI Number
54-2063031

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

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, 2003, 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 NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, DEBORAH M 6619 ALTAMA RD. JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGHSMITH, KIMBERLY L 3016 MANGROVE AVE JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	S Stables, Donna L. 6619 Altama Rd. Jacksonville Fl 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, HOPE L 6315 BENNETT RD JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	T Rogers, Lois O. 13855 Hartwell Rd. Jacksonville Fl 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	D/Spiritual Brown, Molly 2796 Woolery Dr #6 Jacksonville Fl 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

CR2E034 (10/02)

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 **REQUIRED** **Deborah M. Wagner** 3/4/03 904-398-0014
Date Daytime Phone #