

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000145234

1. Entity Name
CORNERSTONE COUNSELING CENTER, INC.



Principal Place of Business
1890 S 14TH ST.
303
FERNANDINA BEACH, FL 32034

Mailing Address
1890 S 14TH ST.
303
FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CRZE034 (11/05)

4. FEI Number
20-0450850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SATCHER, LISA G
8316 QUAIL MEADOW WAY
WEST PALM BEACH, FL 33412

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. **NOTE: Registered Agent signature required when reappointing** **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	CHUNN, SHARON A
STREET ADDRESS	96277 GLENWOOD RD.
CITY-ST-ZIP	YULEE, FL 32097
TITLE	VP/S
NAME	CHUNN, RUSSELL D
STREET ADDRESS	96277 GLENWOOD RD.
CITY-ST-ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/06-80060-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RUSSELL D CHUNN **1/24/06** **904/206-4411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #