2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P37431

Entity Name: CORNERSTONE SCHOOL AND SEMINARS, INC.

Current Principal Place of Business:

323 WEST ALFRED ST
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1393
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3098395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, PATRICIA A
323 WEST ALFRED ST
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

WILSON, PATRICIA A JD
323 WEST ALFRED ST
TAVARES, FL 32778 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: PATRICIA ANN WILSON, JD 02/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: WILSON, PATRICAI A
Address: 323 WEST ALFRED ST
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete
Name: BARROS, ALBERTO J
Address: 323 WEST ALFRED ST
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: CHILDERS, VELMA
Address: 520 BELLEAIR PLACE
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: HOLLOWAY, WILLIAM
Address: 2308 W. VINE STREET
City-St-Zip: LEESBURG, FL

Title: DT ( ) Delete
Name: THOMPSON, CAROLYN
Address: P.O. BOX 174
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: WILSON, PATRICIA A
Address: 323 WEST ALFRED ST
City-St-Zip: TAVARES, FL 32778

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

SIGNATURE: PATRICIA ANN WILSON P 02/24/2009
Electronic Signature of Signing Officer or Director Date