

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002295

**Entity Name:** CORNERSTONE UNIVERSITY OF FLORIDA, INC

**Current Principal Place of Business:**

5104 NORTH ORANGE BLOSSOM TR., SUITE 203  
ORLANDO, FL 32810

**Current Mailing Address:**

P.O. BOX 585477  
ORLANDO, FL 32858 US

**FEI Number: 59-3719062**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TED, RIDORE DR  
5950 CLARACONA OCOEE RD  
ORLANDO, FL 32810 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name TARDIEU, RIDORE DR.  
Address 2812 ROSE BLVD  
City-State-Zip: ORLANDO FL 32805

Title PR  
Name GOLDSTEIN, MARK  
Address 822 CAMARGO WAY  
City-State-Zip: ALTAMONTE CLUB FL 32714

Title VP  
Name CHRISTINE, VALENTINE DR  
Address 4950 CLARCONA OCOEE RD.  
City-State-Zip: ORLANDO FL 32810

Title AVP  
Name CORDON, YVES M  
Address 18035 N.W 17TH AVE  
City-State-Zip: MIAMI GARDEN FL 33056

*I hereby 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 all other like empowered.*

**SIGNATURE: TARDIEU RIDORE**

**PRESIDENT**

**04/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date