#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000825

Entity Name: CORNERSTONE CHARTER ACADEMY, INC.

**FILED** Jun 07, 2023 **Secretary of State** 0452144807CC

### **Current Principal Place of Business:**

906 WALTHAM AVENUE BELLE ISLE, FL 32809

### **Current Mailing Address:**

6340 SUNSET DRIVE MIAMI, FL 33143 US

FEI Number: 27-2154495 Certificate of Status Desired: No

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

BELLE ISLE FL 32809

CORPORATION SERVICE COMPANY 1947 LEE ROAD WINTER PARK, FL 32789 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: CARINA L DUNLAP, ASST VICE PRESIDENT

06/07/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title	DIRECTOR, CHAIRMAN	Title	NON-VOTING MEMBER
Name	BROOKS, WILLIAM G	Name	FOURAKER, NICHOLAS
Address	906 WALTHAM AVENUE	Address	906 WALTHAM AVENUE
City-State-Zip:	BELLE ISLE FL 32809	City-State-Zip:	BELLE ISLE FL 32809

Title DIRECTOR, SECRETARY Title DIRECTOR, VC Name CROSS, CHARLYNE Name VAN DYKE, KEITH DR. Address 906 WALTHAM AVENUE Address 906 WALTHAM AVENUE BELLE ISLE FL 32809 City-State-Zip: City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR Title **DIRECTOR** Name DOWLEN, ALEXA ARMSTEAD, RALPH Name Address 906 WALTHAM AVENUE Address 906 WALTHAM AVENUE City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR Title DIRECTOR, TREASURER

Name ALTERNOSE, ROBERT SPRINGEN, DANIEL Name 906 WALTHAM AVENUE Address 906 WALTHAM AVENUE Address City-State-Zip: BELLE ISLE FL 32809 BELLE ISLE FL 32809 City-State-Zip:

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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.

06/07/2023 SIGNATURE: WILLIAM BROOKS **CHAIRPERSON** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name ROBERTS, SEAN

Address 906 WALTHAM AVENUE
City-State-Zip: BELLE ISLE FL 32809