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

DOCUMENT# N12000009508

Entity Name: CORNERSTONE CHRISTIAN ACADEMY, INC.

FILED Apr 30, 2013 Secretary of State CC9315580615

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

2600 N HIGHLANDS BLVD AVON PARK. FL 33825

## **Current Mailing Address:**

2600 N HIGHLANDS BLVD AVON PARK, FL 33825

FEI Number: 90-0785015 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DONALDSON, DEVON P 120 S ANOKA AVE AVON PARK, FL 33825 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 D Title D

Name HALL, GEORGE A Name MACKLIN, TOM

Address 118 N VERONA AVE Address 609 E MAIN STNDS BLVD

City-State-Zip: AVON PARK FL 33825 City-State-Zip: AVON PARK FL 33825

Title D Title P

Name ROBERTS, PATRICIA R Name LEMLER, DOUG

Address 101 E PALMETTO ST Address 409 S CHRISTY JO DR

City-State-Zip: AVON PARK FL 33825 City-State-Zip: AVON PARK FL 33825

Title V Title

Name EVERS, DAN Name CORNELL, JENNY
Address PO BOX 730 Address PO BOX 1358

Address PO BOX 730 Address PO BOX 1358

City-State-Zip: AVON PARK FL 33826 City-State-Zip: AVON PARK FL 33825

Title TREASURER

Name DONALDSON, DEVON P

Address 120 SOUTH ANOKA AVENUE

City-State-Zip: AVON PARK FL 33825

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.

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SIGNATURE: DEVON P DONALDSON

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date