# 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13000004107

Entity Name: CORNERSTONE CLASSICAL EDUCATION FOUNDATION CORP.

FILED Aug 16, 2017 Secretary of State CC4957657721

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

1093 A1A BEACH BLVD #321 ST. AUGUSTINE, FL 32080-6733

## **Current Mailing Address:**

1093 A1A BEACH BLVD #321 ST. AUGUSTINE, FL 32080-6733

FEI Number: 46-2086804 Certificate of Status Desired: No

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

KORACH, WILLIAM 1093 A1A BEACH BLVD #321 ST. AUGUSTINE, FL 32080-6733 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 CHAIRMAN Title TREASURER

NameKORACH, WILLIAMNameMERCKEL, JERRY DRAddress406 MISTY MORNING LNAddress4390 TRADEWINDS DRIVECity-State-Zip:ST. AUGUSTINE FL 32080City-State-Zip:JACKSONVILLE FL 32250

Title D Title D

Name CAPRA, JOHN R Name MESKEL, TINA

Address 193 ST. JOHNS FOREST BLVD Address 8936 WESTERN WAY

City-State-Zip: ST JOHNS FL 32259 City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR Title DIRECTOR

Name MCCARTHY, MARTY Name WARD, JOHN JR.

Address 4205 QUAIL HUNT LA. Address 24544 DEER TRACE LA.

City-State-Zip: CHARLOTTE NC 28226 City-State-Zip: PONTE VEDRA BEACH FL 32082

TitleDIRECTORTitleDIRECTORNameSTAFFORD, RONNameGREEN, JOHN

Address 15 CHRISTOPHER ST. Address 1351 BLACKMON RD.

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: GREEN COVE SPRINGS FL 32043

#### Continues on page 2

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: WILLIAM KORACH

Electronic Signature of Signing Officer/Director Detail

CHAIRMAN 08/16/2017

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name CANTILLO, JULIAN Address 69 APALOOSA LANE

City-State-Zip: ORMOND BEACH FL 32174