2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2015
Secretary of State
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Entity Name: CORNERSTONE CLASSICAL EDUCATION FOUNDATION CORP.

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: Yes

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	D
Name	KORACH, WILLIAM
Address	406 MISTY MORNING LN
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	CROSS, DENISE
Address	875 GRAYBAR COURT
City-State-Zip:	JACKSONVILLE FL 32221

Title	D
Name	CAPRA, JOHN R
Address	193 ST. JOHNS FOREST BLVD
City-State-Zip:	ST JOHNS FL 32259

Title	D
Name	ANTHONY , MALCOLM
Address	313 N. SHIPWRECK AVE
City-State-Zip:	PONTE VEDRA FL

Title	D
Name	MERCKEL, JERRY DR
Address	4390 TRADEWINDS DRIVE
City-State-Zip:	JACKSONVILLE FL 32250

Title	D
Name	CARROLL, JENNIFER
Address	P.O. BOX 8852
City-State-Zip:	FLEMING ISLAND FL 32006

Title	D
Name	MESKEL, TINA
Address	8936 WESTERN WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	STEVENSON , ALAN
Address	3691 WINGED FOOT CIR
City-State-Zip:	GREEN COVE SPRINGS FL

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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.

SIGNATURE: WILLIAM KORACH CEO 04/27/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	SANCHEZ , RAYMOND
Address	21 HAVENWOOD TRAIL
City-State-Zip:	ORMOND BEACH FL