

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001642

Entity Name: CORNERSTONE SPECIAL EDUCATION ALLIANCE INC.

Current Principal Place of Business:

12486 ANESWORTH CT.
JACKSONVILLE, FL 32225

Current Mailing Address:

101 CENTURY 21 DR.
#112
JACKSONVILLE, FL 32216 US

FEI Number: 47-3042500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILDES, MICHAEL
12486 ANESWORTH CT.
JACKSONVILLE, FL 32225 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 WILDES, MICHAEL
Address 12486 ANESWORTH CT.
City-State-Zip: JACKSONVILLE FL 32225

Title S
Name WILDES, ANGEL
Address 12486 ANESWORTH CT.
City-State-Zip: JACKSONVILLE FL 32225

Title D
Name WOLF, COREY
Address 7637 ELVIA DR.
City-State-Zip: JACKSONVILLE FL 32211

Title T
Name PIERSON, STACY
Address 12486 ANESWORTH CT.
City-State-Zip: JACKSONVILLE FL 32225

Title D
Name FRY, BRUCE
Address 1058 CATHCART ST.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name THOMAS, JOEY
Address CORAL WAY
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: MICHAEL WILDES

**DIRECTOR OF
OPERATIONS**

03/28/2018

Electronic Signature of Signing Officer/Director Detail

Date