

**2024 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.  
#110  
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	Title	S
Name	WILDES, MICHAEL	Name	WILDES, ANGEL
Address	12486 ANESWORTH CT.	Address	12486 ANESWORTH CT.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

*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 S WILDES

CEO

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date