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

Electronic Signature of Signing Officer/Director Detail

# 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:

**Officer/Director Detail :** Р Title s Title Name WILDES, MICHAEL Name WILDES, ANGEL 12486 ANESWORTH CT. Address 12486 ANESWORTH CT. Address JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

# DOCUMENT# N15000001642

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

# Electronic Signature of Registered Agent

PRESIDENT/CEO

Date

FILED Feb 12, 2020 Secretary of State 4588159790CC

Certificate of Status Desired: Yes

City-State-Zip:

02/12/2020 Date