

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001642

**Entity Name:** CORNERSTONE SPECIAL EDUCATION ADVOCACY, INC.

**Current Principal Place of Business:**

12486 ANESWORTH CT.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12486 ANESWORTH CT.  
JACKSONVILLE, FL 32225

**FEI Number: 47-3042500**

**Certificate of Status Desired: Yes**

**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**

**PRESIDENT**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date