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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 03/09/2015 SIGNATURE: DAWNMARIE LESALDO DIRECTOR

Electronic Signature of Signing Officer/Director Detail

AIKENS, RINA

Address	1102 SW IVANHOE STREET
City-State-Zip:	PORT SAINT LUCIE FL 34983
Title	S/T
Name	LESALDO, DAWNMARIE
Address	1102 SW IVANHOE STREET
City-State-Zip:	PORT SAINT LUCIE FL 34983

Electronic Signature of Registered Agent **Officer/Director Detail :**

Р

SIGNATURE:

Title

Name

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.

Current Mailing Address:

1102 SW IVANHOE STREET

1102 SW IVANHOE STREET

DOCUMENT# P99000049383

Name and Address of Current Registered Agent:

AIKENS, RINA 1589 SW PAAR DRIVE PORT ST. LUCIE, FL 34953 US

PORT ST. LUCIE. FL 34983

FEI Number: 65-0926319

PORT ST. LUCIE. FL 34983

Entity Name: THE CORNERSTONES OF PORT ST. LUCIE, INC. **Current Principal Place of Business:**

Date

FILED Mar 09, 2015 Secretary of State CC7036189609

Certificate of Status Desired: No

Date

Title VP ABSALOM, KENMORE AIKENS Name Address 1102 SW IVANHOE STREET City-State-Zip: PORT SAINT LUCIE FL 34983

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT