

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008466

FILED
Jan 07, 2003
Secretary of State

Entity Name: CHRISTIAN HOME EDUCATORS OF FLORIDA, INC.

Current Principal Place of Business:

1850 GREENLEA DR
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1850 GREENLEA DR
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3709405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM, CORMIER G
1850 GREENLEA DR
CLEARWATER, FL 33765

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WITHERELL, JAY
Address: 15310 TIGGER PATH
City-St-Zip: BROOKSVILLE, FL 34614

Title: S/D () Delete
Name: WITHERELL, ELIZABETH
Address: 15310 TIGGER PATH
City-St-Zip: BROOKSVILLE, FL 34614

Title: D () Delete
Name: SHEPHERD, MERRY LYNN
Address: 1858 STETSON DRIVE
City-St-Zip: CLEARWATER, FL 33765

Title: P/D () Delete
Name: CORMIER, WILLIAM G
Address: 1850 GREENLEA DR
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: CORMIER, KAREN R
Address: 1850 GREENLEA DR
City-St-Zip: CLEARWATER, FL 33765

Title: T/D () Delete
Name: SHEPHERD, STEVE R
Address: 1858 STETSON DRIVE
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM G CORMIER

P/D

01/07/2003

Electronic Signature of Signing Officer or Director

Date

D MARIELI PEAK
4503 SE CHESEPEAK DRIVE
STUART, FLORIDA 34997

D MIKE PEAK
4503 SE CHESEPEAK DRIVE
STUART, FLORIDA 34997