

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90076 014 ****70.00

DOCUMENT # N07000006923 1. Entity Name CHRIST'S CHURCH HOMESCHOOLERS, INC.					
Principal Place of Business CHRIST'S CHURCH MANDARIN 6045 GREENLAND ROAD JACKSONVILLE, FL 32258			Mailing Address 12456 MACAW DRIVE JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3804020	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOWNER, BARBARA 12456 MACAW DRIVE JACKSONVILLE, FL 32223				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNER, BARBARA 12456 MACAW DRIVE JACKSONVILLE, FL 32223	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GADAPPEE, AMY 9913 MERLIN DRIVE EAST JACKSONVILLE, FL 32257	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BATTISTA, LEAH 1209 STONEHEDGE TRAIL LANE ST. AUGUSTINE, FL 32092	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barbara Towner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/21/08 Date		(904) 880-0823 Telephone Number	

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