## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000008466

Entity Name: CHRISTIAN HOME EDUCATORS OF FLORIDA, INC.

FILED Apr 16, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
911 WASHINGTON AVENUE #215 LARGO, FL 33760				1850 GREENLEA DR CLEARWATER, FL 33765				
Current Mailing Address:				New Mailing Address:				
911 WASHINGTON AVENUE #215 LARGO, FL 33760			1850 GREENLEA DR CLEARWATER, FL 33765					
FEI Number: 59-370	09405 FEI N	umber Applied For()	FEI Num	nber Not Appli	cable ( )	Certificate	e of Status Desired	( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
LIND, DAVID P 911 WASHINGTON AVENUE #215 LARGO, FL 33760				WILLIAM, CORMIER G 1850 GREENLEA DR CLEARWATER, FL 33765				
The above name in the State of Flo		this statement for the pur	rpose of	f changing its	s registered	l office or re	gistered agent, o	r both,
SIGNATURE: V	VILLIAM G. COI	RMIER				04	/16/2002	
	Electronic Sign	ature of Registered Agent	t				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	( ) Delete			Title: Name: Address: City-St-Zip:	WITHERELL 15310 TIGGE	•	,	
Title: Name: Address: City-St-Zip:	( ) Delete			Title: Name: Address: City-St-Zip:	WITHERELL 15310 TIGGE	*		
Title: Name: Address: City-St-Zip:	( ) Delete			Title: Name: Address: City-St-Zip:	SHEPHERD, 1858 STETS	( ) Change (X MERRY LYNN ON DRIVE ER, FL 33765	Ń	
Title: Name: Address: City-St-Zip:	( ) Delete			Title: Name: Address: City-St-Zip:	CORMIER, V 1850 GREEN			
Title: Name: Address: City-St-Zip:	( ) Delete			Title: Name: Address: City-St-Zip:	CORMIER, K 1850 GREEN		•	
Title: Name: Address: City-St-Zip:	( ) Delete			Title: Name: Address: City-St-Zip:	SHEPHERD, 1858 STETS		,	

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 04/16/2002

MARIELI PEAK, DIRECTOR 4503 SE CHESEPEAK DRIVE STUART, FLORIDA 34997

MIKE PEAK, DIRECTOR 4503 SE CHESEPEAK DRIVE STUART, FLORIDA 34997