

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008466

FILED  
Apr 29, 2004  
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: D (X) Change ( ) Addition  
Name: WITHERELL, JAY  
Address: 5162 JENSON AVENUE  
City-St-Zip: SPRING HILL, FL 34608

Title: S/D (X) Change ( ) Addition  
Name: WITHERELL, ELIZABETH  
Address: 5162 JENSON AVENUE  
City-St-Zip: SPRING HILL, FL 34608

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

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: STEVE SHEPHERD

T/D

04/29/2004

Electronic Signature of Signing Officer or Director

Date