## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000813

Apr 13, 2005 Secretary of State

Entity Name: CHRISTIAN HOME EDUCATORS OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2655 N AIRPORT ROAD FT MYERS, FL 33907

**Current Mailing Address: New Mailing Address:** 

PO BOX 61845

FT MYERS, FL 339061845

FEI Number: 65-1068374 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COE, DEBBI LETCHER, DEBBIE 8724 CREST LANE 50 ALAN ÁVENUE SOUTH

LEHIGH ACRES, FL 33971 US FT MYERS, FL 33907 US

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: DEBBIE LETCHER 04/13/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition SHELFER, STEVE HICKS, KENDAL B REV. Name: Name:

609 GREENWOOD AVE Address: 8300 VILLAGE EDGE CIRCLE, UNIT#6 Address:

City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: FT. MYERS, FL 33919 US

Title: PTD ( ) Delete Title: (X) Change ( ) Addition OSTERHOUSE, DENNIS Name: HICKS, KENDAL Name: Address: 419 SE 10TH TERRACE Address: 1711 ST. CLAIR AVE. EAST

City-St-Zip: CAPE CORAL S, FL 33990 City-St-Zip: N. FT. MYERS, FL 33903 US

Title: () Delete Title: (X) Change ( ) Addition

HELMAN, DEBBIE COONER, BRENDA Name: Name: 2254 DOVER AVE 11610 TUNDRA DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: N. FORT MYERS, FL 33917

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: HICKS, KENDAL B REV.

Address: Address: 8300 VILLAGE EDGE CIRCLE, UNIT# 6

City-St-Zip: City-St-Zip: FT. MYERS, FL 33919 US

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: KENDAL B. HICKS Ρ 04/13/2005