

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004710

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** ACCELERATED CHRISTIAN EDUCATION MINISTRIES, INC.

**Current Principal Place of Business:**

7633 131ST ST  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7300  
SEMINOLE, FL 33775

**New Mailing Address:**

P.O. BOX 299000  
ACCOUNTING  
LEWISVILLE, TX 75029

**FEI Number:** 75-2819736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, ESTHER  
8200 BRYAN DAIRY RD  
SUITE 100  
LARGO, FL 33777 US

**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: DP ( ) Delete  
Name: HOWARD, ESTHER  
Address: 8200 BRYAN DAIRY RD, SUITE 100  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: BARKER, JAMES  
Address: 2600 ACE LANE  
City-St-Zip: LEWISVILLE, TX 75067

Title: DS ( ) Delete  
Name: HESTER, FLORENCE  
Address: 2600 ACE LANE  
City-St-Zip: LEWISVILLE, TX 75067

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FLORENCE HESTER

DS

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date