


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90053 031 ****61.25

DOCUMENT # N0100005838
 1. Entity Name
BREVARD CHRISTIAN HOME EDUCATORS, INC.



Principal Place of Business Mailing Address
817 DIXON BLVD **PO BOX 540067**
COCOA FL 32922 **MERRITT ISLAND FL 32954-0067**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



4. FEI Number **59-3795736** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STANTON, MARTITA
4000 DUNDEE DR
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	SWEIGART, JAEI	
STREET ADDRESS	415 BACARDI DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TVC	<input checked="" type="checkbox"/> Delete
NAME	HUNT, STEVE	
STREET ADDRESS	7160 CITRUS BLVD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WONG, LAURA	
STREET ADDRESS	4575 DEANNA CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TT	<input type="checkbox"/> Delete
NAME	JACKSON, JANET	
STREET ADDRESS	1945 TEMPLE AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hunt, Steve	
STREET ADDRESS	7160 Citrus Blvd	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	TVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chambers, Carol	
STREET ADDRESS	5025 Saturday Place	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Janet Jackson 2/9/05 321 454-2445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #