

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90019 044 ****70.00

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1. Entity Name

BREVARD CHRISTIAN HOME EDUCATORS, INC.



Principal Place of Business

**817 DIXON BLVD
 COCOA FL 32922**

Mailing Address

**PO BOX 540067
 MERRITT ISLAND FL 32954-0067**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3795736

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANTON, MARTITA
 4000 DUNDEE DR
 MERRITT ISLAND FL 32953**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By: May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | CHANGE | ADDITION |
|-------|-----------------|---------------------|-------------------------|-------------------------------------|-------|-----------------|---------------------|-----------------|-------------------------------------|--------------------------|
| TC | HUNT, STEVE | 7160 CITRUS BLVD | COCOA FL 32926 | <input checked="" type="checkbox"/> | TC | Chambers, Carol | 5025 Saturday Place | Cocoa, FL 32926 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TVC | CHAMBERS, CAROL | 5025 SATURDAY PLACE | COCOA FL 32926 | <input checked="" type="checkbox"/> | TVC | Mitchell, Rita | 2240 Archer Ct. | Cocoa, FL 32926 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TS | LEMONS, DENISE | 404 S BANANA BLVD. | COCOA BEACH FL 32931 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TT | JACKSON, JANET | 1945 TEMPLE AVE | MERRITT ISLAND FL 32953 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

Treasurer

2/23/08

321 454 2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #