

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005838

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: BREVARD CHRISTIAN HOME EDUCATORS, INC.

**Current Principal Place of Business:**

817 DIXON BLVD  
COCOA, FL 32922

**New Principal Place of Business:**

817 DIXON BLVD  
SUITE #10  
COCOA, FL 32922

**Current Mailing Address:**

PO BOX 540067  
MERRITT ISLAND, FL 329540067

**New Mailing Address:**

FEI Number: 59-3795736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

JACKSON, JANET  
1945 TEMPLE AVENUE  
MERRITT ISLAND, FL 32953      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: JANET JACKSON

06/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TC      ( ) Delete  
Name: CHAMBERS, CAROL  
Address: 5025 SATURDAY PLACE  
City-St-Zip: COCOA, FL 32926

Title: TVC      ( ) Delete  
Name: MITCHELL, RITA  
Address: 2240 ARCHER CT.  
City-St-Zip: COCOA, FL 32926

Title: TS      ( ) Delete  
Name: LEMONS, DENISE  
Address: 404 S BANANA BLVD.  
City-St-Zip: COCOA BEACH, FL 32931

Title: TT      ( ) Delete  
Name: JACKSON, JANET  
Address: 1945 TEMPLE AVE  
City-St-Zip: MERRITT ISLAND, FL 32953

**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:

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: JANET JACKSON

TS

06/25/2009

Electronic Signature of Signing Officer or Director

Date