FILED
May 01, 2003 8:00 am
Secretary of State
03-31-2003 90177 044 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000000502

1. Entity Name
CHRISTIAN EDUCATION NETWORK, INC.

Principal Place of Business	Mailing Address
2323 SEVEN SPRINGS BLVD., STE. 7 NEW PORT RICHEY, FL 34655	2323 SEVEN SPRINGS BLVD., STE. 7 NEW PORT RICHEY, FL 34655

2. Principal Place of Business	3. Mailing Address
7138 State Road 54	7138 State Road 54
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34653 Country: USA	Zip: 34653 Country: USA

4. FEI Number: 75-3010392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
APPELGRIJN, JOHANNES J 2323 SEVEN SPRINGS BLVD., STE. 7 NEW PORT RICHEY, FL 34655	Name: Petrus Cornelius Strydom Street Address (P.O. Box Number is Not Acceptable) 10926 Kenmore Drive City: New Port Richey FL Zip Code: 34654

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 _____ 3/25/03
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW: FEE IS $61.25

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	PD APPELGRIJN, JOHANNES J 7218 HUMMINGBIRD LANE NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEIER, PAUL R 1344 PINE RIDGE CIR. EAST, #A3 TARPON SPRINGS, FL 34688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STRYDOM, PETRUS C 7802 HARDWICK DR., #1126 NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Strydom, Petrus C 10926 Kenmore Dr. New Port Richey FL 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3/25/03 727-845-3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #