

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000813

FILED
Apr 13, 2005
Secretary of State

Entity Name: CHRISTIAN HOME EDUCATORS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2655 N AIRPORT ROAD
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PO BOX 61845
FT MYERS, FL 339061845

New Mailing Address:

FEI Number: 65-1068374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COE, DEBBI
8724 CREST LANE
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

LETCHER, DEBBIE
50 ALAN AVENUE SOUTH
LEHIGH ACRES, FL 33971 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: DEBBIE LETCHER

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SHELFER, STEVE
Address: 609 GREENWOOD AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PTD () Delete
Name: HICKS, KENDAL
Address: 419 SE 10TH TERRACE
City-St-Zip: CAPE CORAL S, FL 33990

Title: SD () Delete
Name: HELMAN, DEBBIE
Address: 2254 DOVER AVE
City-St-Zip: FORT MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HICKS, KENDAL B REV.
Address: 8300 VILLAGE EDGE CIRCLE, UNIT#6
City-St-Zip: FT. MYERS, FL 33919 US

Title: V (X) Change () Addition
Name: OSTERHOUSE, DENNIS
Address: 1711 ST. CLAIR AVE. EAST
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: S (X) Change () Addition
Name: COONER, BRENDA
Address: 11610 TUNDRA DRIVE
City-St-Zip: N. FORT MYERS, FL 33917

Title: T () Change (X) Addition
Name: HICKS, KENDAL B REV.
Address: 8300 VILLAGE EDGE CIRCLE, UNIT# 6
City-St-Zip: FT. MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENDAL B. HICKS

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date