2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000813

Apr 11, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2655 N AIRPORT ROAD FT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

PO BOX 61845

FT MYERS, FL 339061845

FEI Number: 65-1068374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LETCHER, DEBBIE 50 ALAN ÁVENUE 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HICKS, KENDAL B REV. OSTERHOUSE, DENNIS Name: Name:

8300 VILLAGE EDGE CIRCLE, UNIT#6 Address: 1711 ST. CLAIR AVE. EAST Address: City-St-Zip: FT. MYERS, FL 33919 US City-St-Zip: N. FT. MYERS, FL 33903 US

Title: Title:

() Delete (X) Change () Addition OSTERHOUSE, DENNIS Name: Name: MARY, SWORDS Address: 1711 ST. CLAIR AVE. EAST Address: 2029 N.E. 7TH PLACE City-St-Zip: N. FT. MYERS, FL 33903 US City-St-Zip: CAPE CORAL, FL 33909 US

Title: () Delete Title: (X) Change () Addition

COONER, BRENDA BENSON, CAROL Name: Name:

11610 TUNDRA DRIVE 3116 RIVER GROVE CIRCLE Address: Address: City-St-Zip: N. FORT MYERS, FL 33917 City-St-Zip: FT MYERS, FL 33905

Title: () Delete Title: (X) Change () Addition

Name: HICKS, KENDAL B REV. Name: SWORDS, MICHAEL 8300 VILLAGE EDGE CIRCLE, UNIT# 6 Address: Address: 2029 N.E. 7TH PLACE City-St-Zip: FT. MYERS, FL 33919 US City-St-Zip: CAPE CORAL, FL 33909 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS OSTERHOUSE Ρ 04/11/2006