2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000813

FILED Jun 01, 2009 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 FORT MYERS, FL 33907 SORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

PO BOX 61845 PO BOX 61845

FT MYERS, FL 339061845 FORT MYERS, FL 339061845 US

FEI Number: 65-1068374 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: Name and Address of New Registered Agent:

BENSON, CAROL 3116 RIVER GROVE CIRCLE FORT MYERS, FL 33905 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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: OSTERHOUSE, DENNIS Name: PETERSON, GERALD Address: 1711 ST. CLAIR AVE. EAST Address: 1437 DAVIS DRIVE

City-St-Zip: N. FT. MYERS, FL 33903 US City-St-Zip: FORT MYERS, FL 33919 US

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

 Name:
 JERRY, PETERSON
 Name:
 OSTERHOUSE, DENNIS

 Address:
 P.O. BOX 61845
 Address:
 1808 SE 6TH STREET

 City-St-Zip:
 FORT MYERS, FL 33906 US
 City-St-Zip:
 CAPE CORAL, FL 33990 US

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

 Name:
 BENSON, CAROL
 Name:
 OSTERHOUSE, ELADIA

 Address:
 3116 RIVER GROVE CIRCLE
 Address:
 1808 SE 6TH STREET

 City-St-Zip:
 FT MYERS, FL 33905
 City-St-Zip:
 CAPE CORAL, FL 33990

Name: HORTON, JULIE Name: BENSON, CAROL

Address: P.O. BOX 61845 Address: 3116 RIVER GROVE CIRCLE City-St-Zip: FORT MYERS, FL 33906 US City-St-Zip: FORT MYERS, FL 33905 US

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: CAROL BENSON T 06/01/2009