2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N02000003318

Entity Name: COMMUNITY CHRISTIAN HOMESCHOOLERS, INC.

Current Principal Place of Business:

10618 NW 245TH TERRACE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

10618 NW 245TH TERRACE
ALACHUA, FL 326157872

New Mailing Address:

FEI Number: 51-0437339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRATT, NITA B
10618 NW 245TH TERRACE
ALACHUA, FL 326157872 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: TOLAR, DEBRA
Address: 1015 SW 81ST DRIVE
City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete
Name: PRATT, BETH
Address: 10618 NW 245TH TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: S ( ) Delete
Name: HURISTON, EMILY
Address: 25263 SW 5TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title: TD ( ) Delete
Name: BOLAND, JAYME
Address: 1205 SW 75TH DR
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HURISTON, EMILY
Address: 4030 NW 170TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BETH PRATT VD 01/27/2005

Electronic Signature of Signing Officer or Director — Date