

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003318

FILED  
Apr 21, 2006  
Secretary of State

**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: 4030 NW 170TH STREET  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: NITA BETH PRATT

VD

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date