5/19/2003-90227-030-$61.25-$61.25
5/15

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 25 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55055671

DOCUMENT # N02000003318

1. Entity Name
Community Christian Homeschoolers

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10618 NW 245th Terr.	10618 NW 245th Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alachua, FL	City & State: Alachua, FL
Zip: 32615 Country: USA	Zip: 32615 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Nita Beth Pratt

Street Address (P.O. Box Number is Not Acceptable)

10618 NW 245th Terr.

City: Alachua FL Zip Code: 32615-7872

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nita Beth Pratt 9/23/03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/Debra Tolar D 1015 SW 81st Dr. Gainesville, FL 32607	
V/Beth Pratt D 10618 NW 245th Terr. Alachua, FL 32615	
S/Emily Hurlston 25253 SW 5th Ave. Newberry, FL 32669	
T/Jayme Boland D 1205 SW 75th Dr. Gainesville, FL 32607	

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CR2E037B (1/2/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Nita Beth Pratt Nita B Pratt 5/1/03 (386)454-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #