2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 31, 2005 8:00 am
Secretary of State
01-10-2005 90023 027 ****70.00

DOCUMENT # N04000004838

1. Entity Name
INDEPENDENT HOMESCHOOLERS' NETWORK, INC.

Principal Place of Business	Mailing Address
308 LINDSEY COURT CAPE CANAVERAL, FL 32920	308 LINDSEY COURT CAPE CANAVERAL, FL 32920

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1271623 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVOIE, NORMAND 308 LINDSEY COURT CAPE CANAVERAL, FL 32920	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ Jan 7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT LAVOIE, NORMAND 308 LINDSEY COURT CAPE CANAVERAL, FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SCHULTZ, DANIELLE 1702 TRIMBLE ROAD MELBOURNE, FL 32934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHULTZ, DANIELLE 1702 TRIMBLE ROAD MELBOURNE, FL 32934	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CRUMBAUGH, LINDA 2866 PINEAPPLE AVE MELBOURNE, FL 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCANNELL, KIMBERLEE 520 NIGHTINGALE DRIVE INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D LAVOIE, NORMAND 308 LINDSEY CT CAPE CANAVERAL, FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D GRIFFIN, SHARON 4224 CANBY DRIVE MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D BARNETT, ANGIE ~~GARDNER~~ 2157 AUBURN LAKES DRIVE VIERA, FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jan 7/05 321-783-0846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #