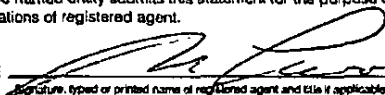
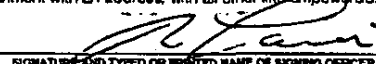


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/10

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 308 LINDSEY COURT CAPE CANAVERAL, FL 32920			Mailing Address 308 LINDSEY COURT CAPE CANAVERAL, FL 32920		
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 		DATE Jan 7/05			
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	PT	☒ Delete	TITLE	PTD	☒ Change ☐ Addition
NAME	LAVOIE, NORMAND		NAME	SCHULTZ, DANIELLE	
STREET ADDRESS	308 LINDSEY COURT		STREET ADDRESS	1702 TRIMBLE ROAD	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	V	☒ Delete	TITLE	VID	☐ Change ☒ Addition
NAME	SCHULTZ, DANIELLE		NAME	CRUMBAGH, LINDA	
STREET ADDRESS	1702 TRIMBLE ROAD		STREET ADDRESS	2866 PINEAPPLE AVE	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	S	☒ Delete	TITLE	TID	☒ Change ☐ Addition
NAME	SCANNELL, KIMBERLEE		NAME	LAVOIE, NORMAND	
STREET ADDRESS	520 NIGHTINGALE DRIVE		STREET ADDRESS	308 LINDSEY CT	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE		☐ Delete	TITLE	SID	☐ Change ☒ Addition
NAME			NAME	GRIFFIN, SHARON	
STREET ADDRESS			STREET ADDRESS	4224 CANBY DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		☐ Delete	TITLE	CID	☐ Change ☒ Addition
NAME			NAME	BARNETT, ANGIE	
STREET ADDRESS			STREET ADDRESS	2157 AUBURN LAKES DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	VIERA, FL 32955	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE: Jan 7/05		DAYTIME PHONE: 321-783-0846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	