

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007293

FILED
Mar 15, 2006
Secretary of State

Entity Name: CORNERSTONE CHRISTIAN HOME EDUCATORS INC.

Current Principal Place of Business:

P.O. BOX 3095
OKEECHOBEE, FL 34973

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3095
OKEECHOBEE, FL 34973

New Mailing Address:

1535 S.W. 67TH DRIVE
OKEECHOBEE, FL 34974

FEI Number: 20-1349926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENFINGER, CINDY L
1535 S.W. 67TH DRIVE
OKEECHOBEE, FL 34974 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: LEAD () Delete
Name: LARGE, DEBI
Address: 32801 HIGHWAY 441 NORTH, #40
City-St-Zip: OKEECHOBEE, FL 34972

Title: CO-L () Delete
Name: GARNER, ROBYN
Address: 13140 N.E. 4TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34972

Title: S () Delete
Name: JARRIEL, JAY
Address: 945 NE 28TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: TREA () Delete
Name: ENFINGER, CINDY
Address: 1535 S.W. 67TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: ACT () Delete
Name: PEPPERS, PAM
Address: 1742 S.W. 22ND TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: LIA () Delete
Name: WRIGHT, LINDA
Address: 348 N.W. 50TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

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: JARRIEL, JOY
Address: 945 NE 28TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

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: CINDY ENFINGER

TREA

03/15/2006

Electronic Signature of Signing Officer or Director

Date