#### 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000007323

FILED Jul 16, 2007 Secretary of State

Entity Name: NEARHIM HOME EDUCATORS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

246 TIMBERLAND AVE. 246 TIMBERLAND AVE.

LONGWOOD, FL 32750 LONGWOOD, FL 32750 US

**Current Mailing Address: New Mailing Address:** 

246 TIMBERLAND AVE 246 TIMBERLAND AVE. LONGWOOD, FL 32750 LONGWOOD, FL 32750 US

FEI Number: 20-1483843 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARR, DENISE 246 TIMBERLAND AVE. LONGWOOD, FL 32750 US

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:

Date

### Electronic Signature of Registered Agent

# ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete PYROS, KAREN LAIRD, CHRISTINE Name: Name: 5239 POINSETTA AVE. Address: 1759 SUNWOOD Address:

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete Title: (X) Change ( ) Addition LAIRD, CHRISTINE Name: Name: OHMSTEDE, MANDY

Address: 1759 SUNWOOD DR. Address: 5877 AUTUMN CHASE CIRCLE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: SANFORD, FL 32773 US

Title: () Delete Title: (X) Change ( ) Addition CARLISLE, KIMBERLY GARRETT, TAMBERLIN Name: Name:

Address: 5909 CHESWOOD COURT Address: 510 GUMWOOD COURT

City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: CARR, DENISE Name: CARR, DENISE Address: 246 TIMBERLAND AVE. Address: 246 TIMBERLAND AVE. City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750 US

I hereby certify that the information supplied with this filing does not qualify 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: DENISE CARR S 07/16/2007