

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007323

FILED
Apr 14, 2009
Secretary of State

Entity Name: NEARHIM HOME EDUCATORS, INC.

Current Principal Place of Business:

1759 SUNWOOD DR.
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1759 SUNWOOD DR.
LONGWOOD, FL 32779 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LAIRD, CHRISTINE L MRS.
1759 SUNWOOD DR
LONGWOOD, FL 32779 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: P () Delete
Name: OHMSTEDE, MANDY
Address: 5877 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: V () Delete
Name: PRICE, LUCEE
Address: 520 WEBSTER ST
City-St-Zip: LAKE MARY, FL 32746 US

Title: T () Delete
Name: GARRETT, TAMBERLIN
Address: 510 GUMWOOD COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: S () Delete
Name: FLOYD, CINDY
Address: 37159 FORESTDELL DR
City-St-Zip: EUSTIS, FL 32736 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRICE, LUCEE L MRS
Address: 520 WEBSTER ST
City-St-Zip: LAKE MARY, FL 32746 US

Title: V (X) Change () Addition
Name: FLOYD, CINDY L
Address: 37159 FORESTDEL DR
City-St-Zip: EUSTIS, FL 32736 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NORTHROP, JANE M
Address: 523 EASTFORK DR
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: CHRISTINE L LAIRD

MRS

04/14/2009

Electronic Signature of Signing Officer or Director

Date