

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005359

FILED
Apr 24, 2008
Secretary of State

Entity Name: BROWARD CHRISTIAN HOMESCHOOLERS, INC

Current Principal Place of Business:

1215 LINCOLN STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1215 LINCOLN STREET
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-2961023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERNOHAN, JOHN
2700 N. 29TH AVE
SUITE 205
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

KERNOHAN, MARTHA
1215 LINCOLN STREET
HOLLYWOOD, FL 33019 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: MARTHA KERNOHAN

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KERNOHAN, MARTHA T
Address: 1215 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP (X) Delete
Name: MURPHY, LORRI
Address: 6311 FARRAGUT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: SEC (X) Delete
Name: WHEATLEY, HEATHER
Address: 781 RANCH ROAD
City-St-Zip: WESTON, FL 33326

Title: TRES () Delete
Name: KERNOHAN, MARTHA
Address: 1215 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MARTHA KERNOHAN

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date