2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007536

FILED Jan 14, 2006 Secretary of State

Entity Name: CHRISTIAN HOME EDUCATORS ASSOCIATION, INC.

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

PO BOX 832124

OCALA, FL 34483 US

Current Mailing Address: New Mailing Address:

PO BOX 832124

OCALA, FL 34483 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

TAYLOR, CATHERINE A
2120 NE 80TH PLACE
OCALA, FL 34479 US

TAYLOR, CATHERINE A PRES
2120 NE 80TH PLACE
OCALA, FL 34479 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: CATHERINE A. TAYLOR 01/14/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

OCALA, FL 34472 US

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 TAYLOR, CATHERINE A
 Name:
 TAYLOR, CATHERINE A PRES

 Address:
 2120 NE 80TH PLACE
 Address:
 2120 NE 80TH PLACE

 City-St-Zip:
 OCALA, FL 34479 US
 OCALA, FL 34479 US

Title: Title: LEG (X) Change () Addition () Delete PRESTON, ALICIA Name: THOMAS, NANCY LEG ALT Name: Address: 9232 SE 108TH PLACE Address: 13425 NE 38TH AVE City-St-Zip: BELLEVIEW, FL 34420 US City-St-Zip: ANTHONY, FL 32617 US

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

 Name:
 POLLARD, DIANE
 Name:
 ESCOBAR, MARTINA ACT COR

 Address:
 7961 SE 126TH PLACE
 Address:
 3245 SE 21ST AVE

City-St-Zip: BELLEVIEW, FL 34420 US City-St-Zip: OCALA, FL 34471 US Title: TRES () Delete Title: MEM (X) Change () Addition Name: KING, TARA Name: CASWELL, ANGELA MEM LIA 1 SPRING LOOP Address: Address: 1408 NE 56TH STREET

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

 Name:
 THOMAS, NANCY
 Name:

 Address:
 13425 NE 38TH AVE
 Address:

 City-St-Zip:
 ANTHONY, FL 32617 US
 City-St-Zip:

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

 Name:
 ESCOBAR, MARTINA
 Name:

 Address:
 3245 SE 21ST AVE
 Address:

 City-St-Zip:
 OCALA, FL 34471 US
 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.

City-St-Zip:

OCALA, FL 34479 US

SIGNATURE: CATHERINE A. TAYLOR PRES 01/14/2006