2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007536

FILED Mar 20, 2007 Secretary of State

Entity Name: CHRISTIAN HOME EDUCATORS ASSOCIATION, INC.

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

PO BOX 832124 12710 SW 89TH ST.

OCALA, FL 34483 US DUNNELLON, FL 34432 US

Current Mailing Address: New Mailing Address:

PO BOX 832124 12710 SW 89TH ST

OCALA, FL 34483 US DUNNELLON, FL 34432 US

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

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

TAYLOR, CATHERINE A JOHNSON, TERI J MRS. 2120 NE 80TH PLACE 12710 SW 89TH STR.

OCALA, FL 34479 US DUNNELLON, FL 34432 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: TERI JOHNSON 03/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

OCALA, FL 34479 US

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 TAYLOR, CATHERINE A
 Name:
 ESCOBAR, MARTINA MRS.

 Address:
 2120 NE 80TH PLACE
 Address:
 3245 SE 21ST AVENUE

 City-St-Zip:
 OCALA, FL 34479 US
 City-St-Zip:
 OCALA, FL 34471 US

Title: LEG () Delete Title: V (X) Change () Addition Name: THOMAS, NANCY Name: THOMAS, NANCY MRS.

Address: 13425 NE 38TH AVE Address: 13425 NE 38TH AVE
City-St-Zip: ANTHONY, FL 32617 US City-St-Zip: ANTHONY, FL 32617 US

Title: ACT () Delete Title: (X) Change () Addition ESCOBAR, MARTINA Name: GROSECLOSE, LISA MRS. Name: 3220 SW 117TH COURT Address: 3245 SE 21ST AVE Address: City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34481 US

Title: MEM () Delete Title: TR (X) Change () Addition Name: CASWELL, ANGELA Name: DIMOVSKI, HEATHER MRS. Address: 1408 NE 56TH STREET Address: 34 ALMOND TRAIL

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

 Name:
 Name:
 KATZ, CHRISTY MRS.

 Address:
 Address:
 5033 SW 40TH PLACE

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34474

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

 Name:
 Name:
 ZYSEK, JILL MRS.

 Address:
 Address:
 11537 SW 50TH CIRCLE

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34476

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 34472 US

SIGNATURE: TERI JOHNSON TREA 03/20/2007