


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90054 047 ****61.25

DOCUMENT # N06000001024 1. Entity Name THE FELLOWSHIP OF CHRISTIAN HOMESCHOOLERS, INC.					
Principal Place of Business 3179 MONTROSE COURT PALM HARBOR, FL 34684			Mailing Address PO BOX 2253 PALM HARBOR, FL 34682		
2. Principal Place of Business - No P.O. Box # 2606 Arrowpointe Dr.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Holiday, FL		City & State			
Zip 34691		Country		Zip Country	
4. FEI Number 20-3633698		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRIKSEN, JEN 3179 MONTROSE COURT PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Cheryl Schmidt Street Address (P.O. Box Number is Not Acceptable) 2606 Arrowpointe Dr. City Holiday FL Zip Code 34691		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Cheryl Schmidt</i></u> <u>Cheryl Schmidt</u> <u>4-12-7</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP HENRIKSEN, JEN 3179 MONTROSE COURT PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP Cheryl Schmidt 2606 Arrowpointe Dr. Holiday, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AB IRWIN, JOLENE 1928 JEFFORDS STREET CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AB SUSY RUSHING 372 WATERFORD CIRCLE W. TARPON SPRINGS, FL 34688	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AB MILLER, COLLEEN 29727 69TH WAY NORTH CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AB Jen Henriksen 3179 Montrose Court Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AB MORAN, PENNY 5612 LEXINGTON DRIVE PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AB Jen Henriksen 3179 Montrose Court Palm Harbor, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Cheryl Schmidt</i></u> <u>Cheryl Schmidt</u> <u>4-12-7</u> <u>727-937-7990</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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