2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007362

FILED Jul 09, 2008 Secretary of State

Entity Name: EDUCATION NETWORK OF CHRISTIAN HOME SCHOOLERS, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	CELLO COURT ENICE, FL 34275	
Current M	lailing Address:	New Mailing Address:
	ELLO COURT ENICE, FL 34275	
In accordan	: 87-0808062 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation d I Address of Current Registered Agent	•
GERBER, 113 TORC NORTH VI The above	MARIA CELLO COURT ENICE, FL 34275 US named entity submits this statement for t	he purpose of changing its registered office or registered agent, or both,
in the State	e of Florida.	
SIGNATUF	RE: Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete GERBER, MARIA 113 TORCELLO COURT NORTH VENICE, FL 34275	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete HARPER, JANENE 2402 SANTEE ST PORT CHARLOTTE, FL 33948	Title: D (X) Change () Addition Name: HARPER, BETH Address: 5859 GAGER AVE City-St-Zip: NORTH PORT, FL 34291
Title: Name: Address: City-St-Zip:	D () Delete RIGGS, DEANN 1010 KINGS COURT VENICE, FL 34293	Title: D (X) Change () Addition Name: BROUSE, KIMBER DAWN Address: 5091 PRIME TERRACE City-St-Zip: NORTH PORT, FL 34286
Title: Name: Address: City-St-Zip:	D () Delete ROMAN, ANN PO BOX 522 BOCA GRANDE, FL 33921	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete SANDERS, JENNY 561 LAGORCE DRIVE VENICE, FL 34293	Title: D (X) Change () Addition Name: BRODERDORF, VENNASSA Address: 6588 ABELSON AVE City-St-Zip: NORTH PORT, FL 34291
Title:	() Delete	Title: D () Change (X) Addition Name: AMSBAUGH, DEBBIE Address: 260 HAMMOCK TER

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: DEBBIE AMSBAUGH D 07/09/2008