

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007362

FILED  
Apr 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3715 WOODBRIDGE AVE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

3715 WOODBRIDGE AVE  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 87-0808062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONSKY, ANNE  
3715 WOODBRIDGE AVE  
NORTH PORT, FL 34287 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAXMAN, BONNIE  
Address: 1876 WHISPERING PINES CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD  
Name: BONSKY, ANNE  
Address: 3715 WOODBRIDGE AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: DT  
Name: BONSKY, ANNE  
Address: 3715 WOODBRIDGE AVENUE  
City-St-Zip: NORTH PORT, FL 34287

Title: DS  
Name: CAMPOLI, KIM  
Address: 7395 W. PRICE BLVD.  
City-St-Zip: NORTH PORT, FL 34291

I hereby 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 all other like empowered.

SIGNATURE: ANNE PARKS BONSKY

DT

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date