

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009244

FILED  
May 14, 2009  
Secretary of State

**Entity Name:** FAMILY TREASURES HOMESCHOOLERS INC.

**Current Principal Place of Business:**

1102 LEELAND HEIGHTS BLVD E  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

17664 HOLLY OAK AVE  
FORT MYERS, FL 33967 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WOODSMITH, SHAWN  
17664 HOLLY OAK AVE  
FORT MYERS, FL 33967 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOODSMITH, SHAWN  
Address: 17664 HOLLY OAK AVE  
City-St-Zip: FORT MYERS, FL 33967 US

Title: VP ( ) Delete  
Name: CONLIN, ANGIE  
Address: 5209 BYWOOD ST.  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: TR ( ) Delete  
Name: ASHCRAFT, DOREEN  
Address: 216 LAKE DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: DESILETS, ARI  
Address: 1126 CARISTON AVE  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: O ( ) Change (X) Addition  
Name: HAUSER, MELISSA  
Address: 1109 GIFFORD AVE S  
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: SHAWN WOODSMITH

P

05/14/2009

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

\_\_\_\_\_  
Date