

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010572

FILED
Jan 22, 2009
Secretary of State

Entity Name: HOME EDUCATION AFTER RIGHTEOUS TEACHING, INC.

Current Principal Place of Business:

6 PINE PASS
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 830004
OCALA, FL 34483 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BOWLEY, KIMBERLY
6 PINE PASS
OCALA, FL 34472 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: D () Delete
Name: POLLARD, DIANE
Address: 7981 SE 126 PLACE
City-St-Zip: BELLEVIEW, FL 34420 US

Title: D () Delete
Name: WILLIAMS, VALERIE
Address: 13980 SE 80TH AVE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D () Delete
Name: MERCER, SPRING
Address: 14791 SW 29T H AVE RD
City-St-Zip: OCALA, FL 34473 US

Title: D () Delete
Name: BRADFORD, AMY SUE
Address: 1622 NW 42ND PLACE
City-St-Zip: OCALA, FL 34475 US

Title: D () Delete
Name: BASS, KIM
Address: 3426 SE 5TH PLACE
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: ARAN, LUIS
Address: P.O. BOX 1692
City-St-Zip: DUNNELLON, FL 34430 US

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

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

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

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: KIMBERLY BOWLEY

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date