

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010572

FILED
Apr 01, 2010
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
Name: GRANT, JENNIFER
Address: 13660 SW 103RD STREET
City-St-Zip: DUNNELLON, FL 34432 US

Title: D
Name: DUTELLE, HOLLY
Address: 756 SE 31ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: D
Name: MERCER, SPRING
Address: 2930 SW 173RD STREET ROAD
City-St-Zip: OCALA, FL 34473 US

Title: D
Name: WELSCH, ALISA
Address: 4050 NE 5TH TERRACE
City-St-Zip: OCALA, FL 34479 US

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

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

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: SPRING MERCER

D

04/01/2010

Electronic Signature of Signing Officer or Director

Date