

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009785

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** HOME EDUCATED WITH LEARNING POTENTIALS, INC.

**Current Principal Place of Business:**

1624 SMITH STREET  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1740 CASTILLE DR.  
ORANGE PARK, FL 32003

**New Mailing Address:**

4885 MONROE FOREST DR  
JACKSONVILLE, FL 32257

**FEI Number:** 68-0622421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GREENE, JUDY A P  
1740 CASTILLE DR.  
ORANGE PARK, FL 32003 US

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

WARD, LISA M P  
4885 MONROE FOREST DR  
JACKSONVILLE, FL 32257 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:** LISA M WARD

03/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WARD, LISA M  
**Address:** 4885 MONROE FOREST DR  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** VP  
**Name:** GREENE, JUDY A  
**Address:** 1740 CASTILLE DR.  
**City-St-Zip:** ORANGE PARK, FL 32003

**Title:** T  
**Name:** WARD, LISA M  
**Address:** 4885 MONROE FOREST DR  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** S  
**Name:** BISHOP, VICKIE  
**Address:** 1624 SMITH ST  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** C  
**Name:** BURRELL-HARCUM, CAROLYN  
**Address:** 1624 SMITH ST  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** C  
**Name:** TYLER, JAN  
**Address:** 1624 SMITH ST  
**City-St-Zip:** ORANGE PARK, FL 32073

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:** LISA WARD

P

03/14/2012

Electronic Signature of Signing Officer or Director

Date