

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40105

FILED
Feb 06, 2005
Secretary of State

Entity Name: FAITH UNITED HOME EDUCATORS, INC.

Current Principal Place of Business:

P.O. BOX 5892
DELTONA, FL 327285892 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5892
DELTONA, FL 327285892 US

New Mailing Address:

FEI Number: 59-4132066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, EVANGELINE
4144 GERANIUM LANE
APT #208
SANFORD, FL 32771 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 () Delete
Name: MENDOZA, EVANGELINE
Address: 4144 GERANIUM LANE #208
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: HOWELL, DELMARI
Address: 1054 ALLADIN DRIVE
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: MUSE, AARON
Address: 955 COWPEN RD.
City-St-Zip: OSTEEN, FL 32764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: NEWTON, GLADYS
Address: 1534 BAVON DRIVE
City-St-Zip: DELTONA, FL 32725

Title: SD (X) Change () Addition
Name: YOUNG, NATALIE
Address: 1519 GREGORY DRIVE
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EVANGELINE MENDOZA

PD

02/06/2005

Electronic Signature of Signing Officer or Director

Date