

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42834

1. Entity Name
THE HOME EDUCATION FOUNDATION, INC.



Principal Place of Business
1429 HIGHLAND DR.
TALLAHASSEE, FL 32317

Mailing Address
P.O. BOX 12563
TALLAHASSEE, FL 32317

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 PM 4:40



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3057990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKINSON, BRENDA D
1429 HIGHLAND DR.
TALLAHASSEE, FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MORAN, PAUL
46 N WASHINGTON BLVD SUITE 25 A
SARASOTA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DICKINSON, BRENDA
1429 HIGHLAND DR.
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUY COBURN
4627 CASTLE WAY S.
SAINT PETERSBURG, FL 33712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500073402975
05/01/06--01015--023 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MUNI ROBERT
4411 NW 19TH AVENUE
GAINESVILLE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HATCHELL, PAM
4754 BRADFORD LOOP SE
SALEM, OR 97302 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAYLOR, CHRIS
2230 CORDOVA AVE.
VERO BEACH, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA D. DICKINSON

4/19/06 850-878-3029
Date Daytime Phone #

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