

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42834

1. Entity Name  
THE HOME EDUCATION FOUNDATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR 18 AM 7:40

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

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



04062007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

400097966954  
04/23/07--01022--001 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Brenda D. Dickinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2007

Date

850-878-3029

Daytime Phone #