



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|--|--|---|--|------------------------------------|--|---|--|
| 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 | | | | | |
| DO NOT WRITE IN THIS SPACE | | <div style="text-align: right;"> FILED 08 MAR 31 PM 1:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03072008 No Chg-NP CR2E037 (4/06) </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number 59-3057990 </td> <td style="width: 20%; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table> | | 4. FEI Number 59-3057990 | Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | |
| 6. Name and Address of Current Registered Agent DICKINSON, BRENDA D 1429 HIGHLAND DR. <i>1427 PINE ST.</i> TALLAHASSEE, FL 32311 <i>32303</i> | | 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: <u><i>Brenda D Dickinson</i></u> 3-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | <div style="font-size: 1.2em;"> DO NOT WRITE IN THIS SPACE </div> | | | | | |
| TITLE | S | <div style="font-size: 1.5em;"> DO NOT WRITE IN THIS SPACE </div> | | | | | |
| NAME | MORAN, PAUL | | | | | | |
| STREET ADDRESS | 46 N WASHINGTON BLVD SUITE 25 A | | | | | | |
| CITY-ST-ZIP | SARASOTA, FL | | | | | | |
| TITLE | P | | | | | | |
| NAME | DICKINSON, BRENDA | | | | | | |
| STREET ADDRESS | 1429 HIGHLAND DR. | <div style="font-size: 1.5em;"> DO NOT WRITE IN THIS SPACE </div> | | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL | | | | | | |
| TITLE | D | | | | | | |
| NAME | GUY COBURN | | | | | | |
| STREET ADDRESS | 4627 CASTILE WAY S. | | | | | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | | | | | |
| TITLE | V | <div style="font-size: 1.5em;"> DO NOT WRITE IN THIS SPACE </div> | | | | | |
| NAME | MUNI ROBERT | | | | | | |
| STREET ADDRESS | 4411 NW 19TH AVENUE | | | | | | |
| CITY-ST-ZIP | GAINESVILLE, FL | | | | | | |
| TITLE | D | | | | | | |
| NAME | HACHELL, PAM | | | | | | |
| STREET ADDRESS | 4754 BRADFORD LOOP SE <i>3404 Cameron Mills Rd.</i> | <div style="font-size: 1.5em;"> DO NOT WRITE IN THIS SPACE </div> | | | | | |
| CITY-ST-ZIP | SALEM, OR 97302 <i>Alexandria VA 22305</i> | | | | | | |
| TITLE | D | | | | | | |
| NAME | TAYLOR, CHRIS | | | | | | |
| STREET ADDRESS | 2230 CORDOVA AVE. | | | | | | |
| CITY-ST-ZIP | VERO BEACH, FL 32960 | | | | | | |
| 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: <u><i>Brenda D Dickinson</i></u> 3-28-08 850-264-2184 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | |