2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 AN Secretary of State

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1. Entity Name

CHRISTIAN HOME AND BIBLE SCHOOL PATRON-TEACHER ASSOCIATION, INC.



Principal Place of Business

301 WEST 13TH AVENUE MOUNT DORA, FL 32757 Mailing Address

301 WEST 13TH AVENUE MOUNT DORA, FL 32757



DO NOT WRITE IN THIS SPACE

01162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3186034 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JAMES E 301 WEST 13TH AVENUE MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

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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	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	,					
10.	OFFICERS AND DIRE	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JAMES E 33540 WESLEY ROAD EUSTIS, FL 32736									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBIN 1342 OLYMPIA PARK CIRCLE OCOEE, FL 34761				U00000604187 01/29/07-80043-021 61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNHILL, ROSEAMARY 1404 N DONNELLY ST MOUNT DORA, FL 32757			DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, WILLIAM F III P.O. BOX 748 MOUNT DORA, FL 32756			IN	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEANS, KENT 446 WEST OAK HILL MOUNT DORA, FL 32757	42								
NAME STREET ADDRESS CITY-ST-ZIP	D PAHMAN, DAVID 2583 TREMONT DR EUSTIS, FL 32726	Elling dags not spell for the speed		the state of the s	Florida Statutes, I further certify that the information					
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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 cath; 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Daytime Phone #