

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N94000003122**

**1. Entity Name**  
CHRISTIAN HERITAGE ACADEMY, INC.



**Principal Place of Business**  
4033 SE 15TH ST.  
OCALA, FL 34471 US

**Mailing Address**  
4033 SE 15TH ST.  
OCALA, FL 34471 US



01222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3256026  
**Applied For**  
Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HAMBELTON, CHRISTINE M  
4033 S.E. 15TH STREET  
OCALA, FL 34471

**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 re-stating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** HAMBELTON, CHRISTINE M  
**STREET ADDRESS** 4033 SE 15TH ST.  
**CITY-ST-ZIP** Ocala, FL

**TITLE** D  
**NAME** VAN DUSER, BARBARA  
**STREET ADDRESS** 4033 S.E. 15TH STREET  
**CITY-ST-ZIP** Ocala, FL 34471

**TITLE** D  
**NAME** CASSELLA, PAULA  
**STREET ADDRESS** P.O. BOX 655  
**CITY-ST-ZIP** LADY LAKE, FL 32158

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

1100000257991  
03/10/05-80025-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Christine Hamblerton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1 2005 3526247396

Date

Daytime Phone #