2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED DOCUMENT # N97000003131 06 JUN 26 PH 1:51 VICTORY CHRISTIAN HOME EDUCATORS, INC. THE RELATION Principal Place of Business Mailing Address 1867 GATEWOOD DRIVE 1867 GATEWOOD DRIVE DELTONA, FL 32738 DELTONA, FL 32738 US 2. Principal Place of Business 3. Mailing Address 1250 Walton Ave 1250 Walton Suite, Apt. #, etc 06212006 Cha-NP CR2E037 (4/06) 4. FEI Number 59-3445543 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mattern KALATA, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1867 GATEWOOD DRIVE DELTONA, FL 32738 Deltona Zip Code 3a7 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 Make check payable to 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD hay Mattern PD TITLE Delete TITLE Addition Change KALATA, KENNETH NAME NAME 1867 GATEWOOD DR. STREET ADDRESS STREET ADDRESS 1250 Walton Ave CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP Doltona, FC VD Delete $\Delta \mathcal{O}$ TITLE TITLE ☐ Change Addition NAME LEVEN, THOMAS R Kent Mattern NAME STREET ADDRESS 2150 EAU CLAIRE AVE STREET ADDRESS 1250 Walton Ave CITY+ST-7IP DELAND, FL 32724 CITY-ST-ZIP Deltonate TITLE Delete TITLE 50 ☐ Change Addition | LEVEN, KAREN LYNN Fred Foriz NAME NAME 2150 EAU CLAIRE AVE ago, Lindera Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-71P Deltona, FL 32738 TITLE TD Delete CT TITE F ☐ Change Addition NAME KALATA, DIANE NAME Lisa Falia STREET ADORESS 1867 GATEWOOD DRIVE 201 Lindera Or. STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-7P TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 600077080216 07/06/06--01041--0120***61**35***** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 toustee empowered he 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:

FICER OR DIRECTOR