

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003258

FILED  
Jun 30, 2004  
Secretary of State

**Entity Name:** AMERICAN CHRISTIAN EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

382 GROVE CT  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

382 GROVE CT  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 59-3456883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, DIXIE B  
382 GROVE CT.  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMPSON, DIXIE  
Address: 382 GROVE CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: BRIDGES, WARREN D  
Address: 1715 FREDRICA DR  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: DEEM, CAROLYN  
Address: 8501 CONTOURA DR.  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: LA BORDE, DENISE  
Address: 1816 POINCIANA RD  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: GUHR, SUSAN T  
Address: 382 GROVE COURT  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIXIE B. THOMPSON

P

06/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date