

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005238

FILED
May 11, 2006
Secretary of State

Entity Name: HOME EDUCATORS LENDING PARENTS SUPPORT INC.

Current Principal Place of Business:

5941 NW 14 CT
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5941 NW 14 CT
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 65-0857513 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPRARO, SUSAN L
5941 NW 14 CT
SUNRISE, FL 33313 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: VPD () Delete
Name: FRODGE, KAREN
Address: 5261 REDWOOD CR
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: DANE, VERONICA
Address: 812 NW 29 CT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PD () Delete
Name: CAPRARO, SUSAN L
Address: 5941 NW 14TH CT
City-St-Zip: SUNRISE, FL 33313

Title: TD () Delete
Name: SIMS, DEBORAH
Address: 32 SW 4 ST
City-St-Zip: DANIA, FL 33004

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: TD (X) Change () Addition
Name: SCHRIMSHER, PAMELA C
Address: 1401 SW 14 COURT
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAMELA C SCHRIMSHER

TD

05/11/2006

Electronic Signature of Signing Officer or Director

Date