

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002166

1. Entity Name

HOMESCHOOL FELLOWSHIP OF CENTRAL FLORIDA, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90237 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

37015 ORANGE VALLEY LANE  
 DADE CITY FL 33525

39514 LOUISE DR.  
 ZEPHYRHILLS FL 33540-6809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 American Legion Hall  
 Suite, Apt. #, etc.

40 Joan Crandall  
 Suite, Apt. #, etc.

37745 Church Ave.  
 City & State

39514 Louise Dr.  
 City & State

Dade City, FL

Zephyrhills FL

Zip Country  
 33525 USA

Zip Country  
 33540 USA

4. FEI Number

59-3586578

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LYNN, JOYAN S  
 11631 FT. KING RD.  
 DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name Joan S. Crandall  
 Street Address (P.O. Box Number is Not Acceptable)  
39514 Louise Dr.  
 City Zephyrhills FL Zip Code 33540

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.

SIGNATURE [Signature] Joan S. Crandall 4-28-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	JOAN S. CRANDALL	39514 Louise Dr.	Zephyrhills, FL 33540	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Lesley Touchton	6255 Massey Rd.	Zephyrhills, FL 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Joyan S. Lynn	11631 Ft. King Rd.	Dade City FL 33525	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] Joan S. Crandall 4-28-00 813-788-6119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)