

# 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

c/o American Legion Hall  
Suite, Apt. #, etc.

c/o Joan Crandall  
Suite, Apt. #, etc.

37745 Church Ave.

39514 Louise Dr.

City & State  
Dade City, FL

City & State  
Zephyrhills FL

Zip  
33525

Zip  
33540

Country  
USA

Country  
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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan S. Crandall

Date

4-28-00 813-788-6119

Daytime Phone #

CR2E037 (9/99)