## 2008 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT



FILED

Mar 14, 2008 8:00 am

Secretary of State DOCUMENT # N99000005741 03-14-2008 90030 001 \*\*\*\*61.25 HOME EDUCATION RESOURCES AND INFORMATION. INC. Principal Place of Business Mailing Address 400 CAHOON RD S 400 CAHOON RD S JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32220 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02292008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-3626790 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVANS, RONALD N Street Address (P.O. Box Number is Not Acceptable) 8847 IVYMILL PLACE SOUTH JACKSONVILLE, FL 32244 City Zip Code FL 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MILE Delete TITLE ☐ Change ☐ Addition EVANS, ROANLD N NAME NAME STREET ADDRESS 8847 IVYMILL PLACE SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Chance ☐ Addition **EVANS, PRINCESS D** NAME NAME 8847 IVYMILL PLACE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ☐ Change NAME WEAVER, TERRIR NAME 7945 BURMA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32211 CITY - ST - 7IP X Delete **À** Change TITLE TITLE ■ Addition Thompson, Michalle MOCK, KRISTEN G NAME NAME 8931 Commonwealth Ave. STREET ADDRESS 7418 BURLINGAME DRIVE S. STREET ADDRESS Jacksonville FL 32234 JACKSONVILLE, FL 32216 CITY-ST-ZI CITY-ST-ZIP 7ITLE Delete TITLE **Change** ☐ Addition FISHER, JEFFREY NAME NAME Engel, Georgeann A. 2495 US Hay 301 N STREET ADDRESS 4751 RIVERWINE DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WEAVER, GARY B NAME NAME STREET ADORESS 7945 BURMA RD STREET ADDRESS JACKSONVILLE, FL 32221 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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-exprowered.

SIGN	AΤι	JRE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgeann