

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150280

FILED
Jan 11, 2009
Secretary of State

Entity Name: CHC PRIVATE SCHOOLS/AND CHRISTIAN HOMESCHOOL CO-OP INC.

Current Principal Place of Business:

140 MCLEOD ST
MERRITT ISLAND, FL 32953

New Principal Place of Business:

45 MCLEOD ST
MERRITT ISLAND, FL 32953

Current Mailing Address:

140 MCLEOD ST
MERRITT ISLAND, FL 32953

New Mailing Address:

45 MCLEOD ST
MERRITT ISLAND, FL 32953

FEI Number: 81-0657952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOLL, APRIL
140 MCLEOD ST
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

NICHILO, LARA
45 MCLEOD ST
MERRITT ISLAND, FL 32953 US

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: LARA NICHILO

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: SCHOLL, APRIL
Address: 140 MCLEOD ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: CFO () Delete
Name: MADURA, DOROTHY
Address: 140 MCLEOD ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PRES () Delete
Name: NICHILO, LARA
Address: 140 MCLEOD STREET
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: SCHOLL, APRIL
Address: 45 MCLEOD ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: CFO (X) Change () Addition
Name: MADURA, DOROTHY
Address: 45 MCLEOD ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PRES (X) Change () Addition
Name: NICHILO, LARA
Address: 45 MCLEOD STREET
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MS () Change (X) Addition
Name: LUCAS, BRITTNEY
Address: 45 MCLEOD STREET
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRITTNEY LUCAS

MS

01/11/2009

Electronic Signature of Signing Officer or Director

Date