2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90042 044 ***158.75

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1. Entity Name
THE CHRISTIAN EDUCATORS COMPANY

Principal Place of Business	Mailing Address
601 SHOREWOOD DR. UNIT G303 CAPE CANAVERAL, FL 32920	601 SHOREWOOD DR. UNIT G303 CAPE CANAVERAL, FL 32920

2. Principal Place of Business
601 Shorewood DR.
Suite, Apt. #, etc.
UNIT 303
City & State
Cape Canaveral FL
Zip 32920 Country Brevard

3. Mailing Address

The Christian Educators Company
383 - 5507-10 Nesconset Hwy
Mt. Sinai, NY 11766
www.christian-educators.com

02122005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1937804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HORGREVE, LISA L ESQ.
96 WILLARD ST., STE. 206
COCOA, FL 32922-7946

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ZABOR, DEBORAH	
STREET ADDRESS	266 PRINCE RD.	
CITY-ST-ZIP	ROCKY POINT, NY 11778	
TITLE	CFO	☐ Delete
NAME	ZABOR, WILLIAM	
STREET ADDRESS	266 PRINCE RD.	
CITY-ST-ZIP	ROCKY POINT, NY 11778	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 607, 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: ______________________ 3-7-05 631-744-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #