

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N40105

Entity Name: FAITH UNITED HOME EDUCATORS, INC.

Current Principal Place of Business:

P.O. BOX 5892
DELTONA, FL 327285892 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5892
DELTONA, FL 327285892 US

New Mailing Address:

FEI Number: 59-4132066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, EVANGELINE
2033 QUINTILIS CT
DELTONA, FL 32738

Name and Address of New Registered Agent:

MENDOZA, EVANGELINE
4144 GERANIUM LANE
APT #208
SANFORD, FL 32771

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: _____ Date: 04/26/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDOZA, EVANGELINE
Address: 2033 QUINTILIS CT
City-St-Zip: DELTONA, FL 32738

Title: TD () Delete
Name: HOWELL, DELMARI
Address: 1054 ALLADIN DRIVE
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: ELDRIDGE, ANTHONY
Address: 1059 GALGANO AVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDOZA, EVANGELINE
Address: 4144 GERANIUM LANE #208
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MUSE, AARON
Address: 955 COWPEN RD.
City-St-Zip: OSTEEN, FL 32764

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVANGELINE MENDOZA PD 04/26/2004
Electronic Signature of Signing Officer or Director Date