

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40105** (1)
1. Corporation Name

FAITH UNITED HOME EDUCATORS, INC.



800001867398
-06/19/96--01093--035
***61.25

Principal Place of Business Mailing Address
P.O. BOX 1361 P.O. BOX 1361
ORANGE CITY FL 32774-8361 ORANGE CITY FL 32774-8361

3. Date Incorporated or Qualified **09/21/1990** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-4132066** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DEMILDT, HANS
1900 SNOOK DRIVE
DELTONA FL 32738

10. Name and Address of New Registered Agent
81 Name **VORPAGEL, LARRY**
82 Street Address (P.O. Box Number is Not Acceptable) **263 SHERYL DRIVE**
83
84 City **DELTONA** FL 85 Zip Code **32738**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **6/4/96**

12. OFFICERS AND DIRECTORS

TITLE	PO <input checked="" type="checkbox"/> DELETE
NAME	DEMILDT, HANS
STREET ADDRESS	1900 SNOOK DR
CITY-ST-ZIP	DELTONA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ROTH, WILLIAM H
STREET ADDRESS	2810 FLYNN STREET
CITY-ST-ZIP	DELTONA FL
TITLE	VTD <input checked="" type="checkbox"/> DELETE
NAME	GIBILISCO, JOSEPH
STREET ADDRESS	973 FEATER DR
CITY-ST-ZIP	DELTONA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARINO, MICHAEL J
STREET ADDRESS	2931 GRIMES STREET
CITY-ST-ZIP	DELTONA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	VORPAGEL, LARRY
13 STREET ADDRESS	263 SHERYL DRIVE
14 CITY-ST-ZIP	DELTONA, FL, 32738
21 TITLE	VTD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ARNETT, MICHAEL
23 STREET ADDRESS	431 W GARDENA DRIVE
24 CITY-ST-ZIP	ORANGE CITY, FL, 32763
31 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	STOLTZ, STANLEY
33 STREET ADDRESS	1221 DEER RUN CT
34 CITY-ST-ZIP	LAKE HELEN, FL, 32744
41 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	WILSON, MARK A
43 STREET ADDRESS	863 TRUMBULL ST
44 CITY-ST-ZIP	DELTONA, FL, 32725
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	WILSON
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MARK A WILSON** 1 MAY 95 (401) 356-6381
Date Daytime Phone #

CR2E037 (12/95)