

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N40105 (1)  
1. Corporation Name  
FAITH UNITED HOME EDUCATORS, INC.



Principal Place of Business Mailing Address  
P.O. BOX 1361 ORANGE CITY FL 32774-6361 P.O. BOX 1361 ORANGE CITY FL 32774

3. Date Incorporated or Qualified 09/21/1990 3a. Date of Last Report 05/01/1996

21. Principal Place of Business PO BOX 5892 Suite, Apt. #, etc.	2a. Mailing Address PO BOX 5892 Suite, Apt. #, etc.	4. FEI Number 59-4132066	Applied For Not Applicable
22. DELTONA, FL City & State	27. DELTONA, FLA City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. 32728-5892 VOLUSIA Zip Country	28. 32728-5892 VOLUSIA Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. <input type="checkbox"/>	25. <input type="checkbox"/>	29. <input type="checkbox"/>	30. <input type="checkbox"/>

9. Name and Address of Current Registered Agent VORPAGEL, LARRY 283 SHERYL DR DELTONA FL 32738	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VORPAGEL, LARRY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORPAGEL, LARRY	1.2 NAME	
STREET ADDRESS	283 SHERYL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	1.4 CITY-ST-ZIP	
TITLE	SD STOLTZ, STANLEY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLTZ, STANLEY	2.2 NAME	
STREET ADDRESS	1221 DEER RUN CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	2.4 CITY-ST-ZIP	
TITLE	VTD ARNETT, MICHAEL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNETT, MICHAEL	3.2 NAME	KTD KAREN BRYOGES
STREET ADDRESS	431 W GARDENA DR	3.3 STREET ADDRESS	115 FLORIDANARD
CITY-ST-ZIP	ORANGE CITY FL 32763	3.4 CITY-ST-ZIP	REBARY, FL 32713
TITLE	VD WILSON, MARK A <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARK A	4.2 NAME	SD SUSAN HARWELL
STREET ADDRESS	863 TRUMBULL ST	4.3 STREET ADDRESS	3052 ETTACIR
CITY-ST-ZIP	DELTONA FL 32725	4.4 CITY-ST-ZIP	DELTONA, FL 32738
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)