

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 020 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N40105

1. Corporation Name

FAITH UNITED HOME EDUCATORS, INC.

Principal Place of Business

P.O. BOX 5892
 DELTONA FL 32728-5892
 US

Mailing Address

P.O. BOX 5892
 DELTONA FL 32728-5892
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/21/1990

4. FEI Number

59-4132066

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VORPAGEL, LARRY
 263 SHERYL DR
 DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name Evangelina Mendoza
 82 Street Address (P.O. Box Number is Not Acceptable) 2033 QUINTILIS CT.
 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 Evangelina Mendoza - Pres.

Evangelina Mendoza

7-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VORPAGEL, LARRY	
STREET ADDRESS	263 SHERYL DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STOLTZ, STANLEY	
STREET ADDRESS	1221 DEER RUN CT	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARWELL, SUSAN	
STREET ADDRESS	3052 ETTA CIR.	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MENDOZA, EVANGELINE	
1.3 STREET ADDRESS	2033 Quintilis Ct.	
1.4 CITY-ST-ZIP	Deltona, FL 32738	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HART, Dawn	
2.3 STREET ADDRESS	2627 HAULOVER BLVD.	
2.4 CITY-ST-ZIP	Deltona, FL 32738	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	INSCOE, SARAH	
3.3 STREET ADDRESS	2590 HAULOVER BLVD.	
3.4 CITY-ST-ZIP	Deltona, FL 32738	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Evangelina Mendoza Evangelina Mendoza 7-26-99 (904) 532-5460
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # PVT #

CR2E037 (1/198)