

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **631375** (3)

1. Corporation Name
TEACH AMERICA CORPORATION



Principal Place of Business: **236 EAST SIXTH AVENUE TALLAHASSEE FL 32303**
Mailing Address: **236 EAST SIXTH AVENUE TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified: **07/31/1979**
3a. Date of Last Report: **01/04/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2223981**
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

10. Name and Address of New Registered Agent

**LINDSEY, WILLIAM H.
236 EAST SIXTH AVENUE
TALLAHASSEE FL 32303**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE: *William Lindsey*

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/6/96**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINDSEY, WILLIAM H.	
STREET ADDRESS	236 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LINDSEY, LINDA B.	
STREET ADDRESS	2923 SHARER ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROEN, FRANK C.	
STREET ADDRESS	304 W. EIGHTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANSON, ROBERT K.	
STREET ADDRESS	3203 ADWOOD RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEBUSK, ARON GIB	
STREET ADDRESS	3583 DORIS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KERR, JOHN R.	
STREET ADDRESS	2511 CHAMBERLIN DR.	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Lindsey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/6/96** (904) 222-6740

CR2E034 (12/95)