

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 30 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1997

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 32303-6208

3. Date Incorporated or Qualified: 07/31/1979  
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for address details.  
4. FEI Number: 59-2223981  
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: LINDSEY, WILLIAM H. 236 EAST SIXTH AVENUE TALLAHASSEE FL 32303  
10. Name and Address of New Registered Agent (81-85) fields for name, address, and city/zip.

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 607.0505, 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	NAME: LINDSEY, WILLIAM H.	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 236 EAST SIXTH AVENUE	CITY-ST-ZIP: TALLAHASSEE FL	1.2 NAME:	
TITLE: ST	NAME: LINDSEY, LINDA B.	1.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 2023 SHARER ROAD	CITY-ST-ZIP: TALLAHASSEE FL	1.4 CITY-ST-ZIP:	
TITLE: VD	NAME: BROEN, FRANK C.	2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 304 W. EIGHTH AVENUE	CITY-ST-ZIP: TALLAHASSEE FL	2.2 NAME:	
TITLE: D	NAME: DEBUSK, ARON GIB	2.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 3583 DORIS DR.	CITY-ST-ZIP: TALLAHASSEE FL	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (REQUIRED) DATE: \_\_\_\_\_

CR2E034 (9/96)