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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 631375

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1979

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **1901 Dahlia Dr**

2a. Mailing Address
 26 **1901 Dahlia Dr**

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

City & State
 23

City & State
 28

Zip **32304** Country 25

Zip **32304** Country 30

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 **Frank C. Broen**
 82 Street Address (P.O. Box Number is Not Acceptable) **1901 Dahlia Dr**
 83
 84 City **Tallahassee** FL 85 Zip Code **32304**

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 **Frank C. Broen** Frank C. Broen President 1-31-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LINDSEY, WILLIAM H.	
STREET ADDRESS	236 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input checked="" 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 type="checkbox"/> DELETE
NAME	DEBUSK, ARON GIB	
STREET ADDRESS	3583 DORIS DR.	
CITY-ST-ZIP	TALLAHASSEE 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		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Broen	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1901 Dahlia Dr	
3.4 CITY-ST-ZIP	Tallahassee, FL 32304	
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	ST D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	St. Bernard, Janet	
5.3 STREET ADDRESS	1520 15th Lane	
5.4 CITY-ST-ZIP	Lake Worth, FL 33463	
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 607, 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: **Frank C. Broen** Frank C. Broen 1-31-99 850-575-8098
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CRZE034 (11/98)