

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90083 021 ***150.00

DOCUMENT # 631375

1. Entity Name

TEACH AMERICA CORPORATION

Principal Place of Business

Mailing Address

1901 DAHLIA DR.
TALLAHASSEE FL 32304

1901 DAHLIA DR.
TALLAHASSEE FL: 32304-3211

2. Principal Place of Business

3. Mailing Address

121 NO. LOVE ST.

121 NO. LOVE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

QUINCY, FL

QUINCY, FL

4. FEI Number

59-2223981

Applied For

Not Applicable

Zip

Country

Zip

Country

32351

US

32351

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROEN, FRANK C
1901 DAHLIA DR.
TALLAHASSEE FL 32304

Name *BROEN, FRANK C.*

Street Address (P.O. Box Number is Not Acceptable)

121 NO. LOVE ST.

City

QUINCY,

FL

Zip Code

32351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Frank C. Broen (same registered agent - address change) *3-1-00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **BROEN, FRANK C.**
 STREET ADDRESS **1901 DAHLIA DR.**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

121 NO. LOVE ST.
QUINCY, FL 32351

Change Addition

TITLE **D**
 NAME **DEBUSK, ARON GIB**
 STREET ADDRESS **3583 DORIS DR.**
 CITY-ST-ZIP **TALLAHASSEE FL**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **STD**
 NAME **ST. BERNARD, JANET**
 STREET ADDRESS **1520 15TH LANE**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STD
JANET BROEN
121 NO. LOVE ST.
QUINCY, FL 32351

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank C. Broen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

850 875-0491

Daytime Phone #

CR2000 10/00