

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90048 014 ****61.25

DOCUMENT # 739350

1. Entity Name
THE FLORIDA TEACHING PROFESSION - NEA (FTP-NEA)

Principal Place of Business 213 S. ADAMS STREET TALLAHASSEE FL 32301	Mailing Address 213 S. ADAMS STREET TALLAHASSEE FL 32301-1720
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1843674	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent RYOR, JOHN 213 SOUTH ADAMS ST TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYOR, JOHN			NAME			
STREET ADDRESS	213 SOUTH ADAMS ST			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCALL, JOANNE			NAME			
STREET ADDRESS	213 S ADAMS ST			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINNEN, MAUREEN			NAME			
STREET ADDRESS	213 SOUTH ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: _____ DATE: **1/4/00** DAYTIME PHONE #: **850-224-1953**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)