

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2004
Secretary of State**

DOCUMENT# N00000000621

Entity Name: T.E.A.C.H., INC.

Current Principal Place of Business:

5250 OCHLOCKONEE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

5250 OCHLOCKONEE ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3634849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EMHOF, LESLIE S DR.
5250 OCHLOCKONEE ROAD
TALLAHASSEE, FL 32303

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, RICHARD A
Address: 3200 BEAUMONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP () Delete
Name: SELLERS, JEFF
Address: 3953 MAGELLAN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: MAXWELL, WILLIAM
Address: 305 N CORRY STREET
City-St-Zip: QUINCY, FL 32351

Title: DT () Delete
Name: EMHOF, R. YOLANDA
Address: 5250 OCHLOCKONEE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MAXWELL, SHEILA
Address: 305 N CORRY STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: AMIOT, TAMI
Address: 1640 COPPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF SELLERS

DP

02/01/2004

Electronic Signature of Signing Officer or Director

Date