

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008360

FILED
Jan 28, 2007
Secretary of State

Entity Name: NATIONAL TUTORING ASSOCIATION, INC.

Current Principal Place of Business:

2520 PARKLAND DR.
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

PO BOX 6840
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 35-2196495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYAZ, SANDI DR.
2520 PARKLAND DR.
LAKELAND, FL 33811 US

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: CHAMBERS, MICHAEL S
Address: 10968 NW 21 STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: AYAZ, SANDI DR.
Address: 2520 PARKLAND DR.
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: SYMONS, LAURA
Address: 1174 CARAVAN DR.
City-St-Zip: BEDFORD, VA 24523

Title: D () Delete
Name: STUDDARD, SCARLETTE S
Address: 92 DOUGLAS DR.
City-St-Zip: JEFFERON, GA 30549

Title: D () Delete
Name: NUSE, CATHY
Address: 664 LAUREL WOOD DR
City-St-Zip: MARIETTA, GA 30064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AUSTIN, AVERY
Address: 2502 HILDAS WAY
City-St-Zip: WOODBRIDGE, VA 22191

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

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

Title: D (X) Change () Addition
Name: STUDDARD, SCARLETTE S DR.
Address: 92 DOUGLAS DR.
City-St-Zip: JEFFERON, GA 30549

Title: D (X) Change () Addition
Name: LYNN, GIESE MR.
Address: 2123 JASMINE COURT
City-St-Zip: HILLIARD, OH 43026

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DR. SANDI AYAZ

D

01/28/2007

Electronic Signature of Signing Officer or Director

_____ Date