

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003211

FILED
Mar 05, 2011
Secretary of State

Entity Name: NATIONAL TRANSREGIONAL ACCREDITING ASSOCIATION COUNCIL, INC.

Current Principal Place of Business:

836 W. MONTROSE ST
CLERMONT, FL 34711

New Principal Place of Business:

587 OCEANVIEW TERR.
344
HOLLYWOOD, FL 33025

Current Mailing Address:

P. O. BOX 585477
ORLANDO, FL 32858

New Mailing Address:

P. O. BOX 607376
ROSEMONT, FL 32860

FEI Number: 80-0389028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE-LOUIS, MICHELE
5210 VATICAN AVE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

MARIO, CORDON
5644 ARTHUR STREET
ORLANDO, FL 32810 US

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: MARIO CORDON

03/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: FRITZ, IDELGO
Address: 344 N. MAIN STREET
City-St-Zip: SPRING VALLEY, NY 10977

Title: VP
Name: DELINX, MERALUS
Address: P.O.BOX: 136797
City-St-Zip: CLERMONT, FL 34713

Title: TR
Name: DANIEL, LOGISTRE
Address: P. O. BOX 607376
City-St-Zip: ORLANDO, FL 32860

Title: S
Name: COLE, WEBSTER
Address: 5298 N HOLLYWOOD BLVD. #103
City-St-Zip: HOOLYWOOD, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: MARIO CORDON

RA

03/05/2011

Electronic Signature of Signing Officer or Director

Date