

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50021

FILED
Apr 17, 2009
Secretary of State

Entity Name: TRI COUNTY ALLIANCE OF BLACK SCHOOL EDUCATORS, INC.

Current Principal Place of Business:

506 VEREEN DRIVE
EATONVILLE, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 941232
MAITLAND, FL 327941232 US

New Mailing Address:

FEI Number: 59-3139380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, ROBERT T.
506 VEREEN DRIVE
EATONVILLE, FL 32751 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: P () Delete
Name: MCDANIEL, PERCY
Address: 365 E. MAINE AVENUE
City-St-Zip: LONGWOOD, FL 327505475

Title: VP () Delete
Name: SIMPSON, DESIREE
Address: 231 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: WATTS, ANTOINETTE ASST
Address: POST OFFICE BOX 593328
City-St-Zip: ORLANDO, FL 32759

Title: S () Delete
Name: EVANS, ROBERT T ASST
Address: 506 VEREEN DR.
City-St-Zip: EATONVILLE, FL 32751

Title: D () Delete
Name: BELLINGER, ELIZABETH
Address: POST OFFICE BOX 273
City-St-Zip: CLARCONA, FL 32710

Title: D () Delete
Name: GREY, ORIN
Address: 2651 SILVER HILLS DRIVE
City-St-Zip: ORLANDO, FL 32818

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
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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 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: ROBERT T. EVANS

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date