

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50021

FILED
Apr 18, 2011
Secretary of State

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

Current Principal Place of Business:

506 VEREEN DR
EATONVILLE, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 941232
MAITLAND, FL 327945555 55

New Mailing Address:

POST OFFICE BOX 941232
MAITLAND, FL 32794 US

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 DR
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
Name: MCDANIEL, PERCY
Address: 365 E. MAINE AVE
City-St-Zip: LONGWOOD, FL 327505475

Title: VP
Name: SIMPSON, DESIREE
Address: 231 VISTA OAK DR
City-St-Zip: LONGWOOD, FL 32779

Title: S
Name: WATTS, ANTOINETTE ASST
Address: P O BOX 593328
City-St-Zip: ORLANDO, FL 32759

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

Title: D
Name: BELLINGER, ELIZABETH
Address: P O BOX 273
City-St-Zip: CLARCONA, FL 32710

Title: D
Name: GREY, ORIN
Address: 2651 SILVER HILLS DR
City-St-Zip: ORLANDO, FL 32818

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: ROBERT T. EVANS

S

04/18/2011

Electronic Signature of Signing Officer or Director

Date