

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50021

FILED
Apr 22, 2008
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: D () Delete
Name: EVANS, CRESCENT M.,
Address: 108 MINGOCREST DRIVE
City-St-Zip: KNIGHTDALE, NC 27545

Title: D () Delete
Name: EVANS, DERREK A.,
Address: 1327 SOUTHERN BLVD 1A
City-St-Zip: BRONX, NY 10459

Title: D () Delete
Name: NGEMA, BUSSA
Address: 4799 N PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808

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

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:

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

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date