

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008360

**FILED  
Mar 02, 2018  
Secretary of State  
CC2887112106**

**Entity Name:** NATIONAL TUTORING ASSOCIATION, INC.

**Current Principal Place of Business:**

2520 PARKLAND DR.  
LAKELAND, FL 33811

**Current Mailing Address:**

PO BOX 6840  
LAKELAND, FL 33807

**FEI Number: 35-2196495**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AYAZ, SANDI DR.  
2520 PARKLAND DR.  
LAKELAND, FL 33811 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BROWN, ISHMAEL  
Address 2051 BLYTHEWOOD CROSSING LANE  
# 228  
City-State-Zip: BLYTHEWOOD SC 29016

Title D  
Name AYAZ, SANDI DR.  
Address 2520 PARKLAND DR.  
City-State-Zip: LAKELAND FL 33811

Title D  
Name KAREN, ROYSTER-JAMES  
Address 225 WINTER  
City-State-Zip: BIG RAPIDS MI 49307

Title D  
Name BANDYOPADHYAY, PAMELA DR.  
Address 25 JOURNAL SQUARE  
City-State-Zip: JERSEY CITY NJ 07306

Title D  
Name CONRAD, PETER  
Address PO BOX 6840  
City-State-Zip: LAKELAND FL 33807

Title DIRECTOR  
Name DAINGERFIELD, BRANDY  
Address 1288 NOR AM RD  
City-State-Zip: PIKEVILLE NC 27863

*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: DR. SANDI AYAZ**

**EXECUTIVE DIRECTOR**

**03/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date