

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003211

**Entity Name:** NATIONAL TRANSREGIONAL ACCREDITING ASSOCIATION  
COUNCIL, INC.

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC0594074533**

**Current Principal Place of Business:**

587 OCEANVIEW TERR.  
344  
HOLLYWOOD, FL 33025

**Current Mailing Address:**

18635 N. W. 17TH AVENUE  
SUITE 1  
MIAMI, FL 33056 US

**FEI Number: 80-0389028**

**Certificate of Status Desired: No**

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

YVES, CORDON M  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VP  
Name CHRISTINE, HARVEY  
Address 3514 LONDONDERY BLVD  
City-State-Zip: ORLANDO FL 32808

Title TR  
Name CHRISTINE, HARVEY  
Address P. O. BOX 607376  
City-State-Zip: ORLANDO FL 32860

Title S  
Name COLE, WEBSTER  
Address 5298 N HOLLYWOOD BLVD. #103  
City-State-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: CHRISTINE HARVEY**

**VP**

**04/16/2014**

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

\_\_\_\_\_  
Date