

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009719

Entity Name: INTERNATIONAL CENTER FOR TEACHER VOICE AND ASPIRATIONS INC.**Current Principal Place of Business:**1292 MILANO CIRCLE
DUNEDIN, FL 34698**Current Mailing Address:**1292 MILANO CIRCLE
DUNEDIN, FL 34698 US**FEI Number: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FAEHNER, MICHAEL J ESQ.
600 BYPASS DRIVE
SUITE 100
CLEARWATER, FL 33764 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	P
Name	QUAGLIA, RUSSELL J
Address	1292 MILANO CIRCLE
City-State-Zip:	DUNEDIN FL 34698

Title	D
Name	KINNAMAN, LISA
Address	4519 NORTH STAMPEDE WAY
City-State-Zip:	MERIDIAN ID 83646

Title	D
Name	MCNULTY, RAY
Address	2500 N. RIVER ROAD
City-State-Zip:	HOOKSET NH 03106

Title	D
Name	SHAW, LISA
Address	2455 TELLER ROAD
City-State-Zip:	THOUSAND OAKS CA 91320

Title	D
Name	CONNELLY, BRAIN
Address	29 FALMOUTH STREET
City-State-Zip:	PORTLAND ME 04103

Title	D
Name	DEWITT, PETER
Address	18 DAVIS AVENUE
City-State-Zip:	ALBANY NY 12203

Title	D
Name	DYKES, GAVIN
Address	20 BANDON RISE WALLINGTON
City-State-Zip:	SURREY SM6 8PT

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: RUSSELL QUAGLIA**PRESIDENT****01/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date