

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50021

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

**FILED**  
**May 13, 2013**  
**Secretary of State**  
**CC2452765488**

**Current Principal Place of Business:**

506 VEREEN DR  
EATONVILLE, FL 32751

**Current Mailing Address:**

POST OFFICE BOX 941232  
MAITLAND, FL 32794 US

**FEI Number: 59-3139380**

**Certificate of Status Desired: No**

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

EVANS, ROBERT T  
506 VEREEN DR  
EATONVILLE, FL 32751 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 MCDANIEL, PERCY  
Address 365 E. MAINE AVE  
City-State-Zip: LONGWOOD FL 32750-5475

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

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

Title S  
Name EVANS, ROBERT TASST  
Address 506 VEREEN DR  
City-State-Zip: EATONVILLE FL 32751

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

Title D  
Name GREY, ORIN  
Address 2651 SILVER HILLS DR  
City-State-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 EVANS**

**REGISTERED AGENT**

**05/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date