FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713021 (4)

1. Corporation Name

NATIONAL COUNCIL OF LOCAL ADMINISTRATORS OF VOCA TIONAL EDUCATION AND PRACTICAL ARTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BOX 783 ELYRIA OH 44035	BOX 783 ELYRIA OH 44035 US

3. Date Incorporated or Qualified: 06/30/1967
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-6178162 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DICKINSON, WINNIE DR. 3401 ROSEHILL WAY LAUDERHILL FL 33319	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WYATT, TOM	1.2 NAME	Jim Orr	
STREET ADDRESS	128 W. WALNUT ST.	1.3 STREET ADDRESS	815 North Sherman St.	
CITY-ST-ZIP	HILLSBORO OH	1.4 CITY-ST-ZIP	Springfield, MO 65802	
TITLE	VD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	LONG, STEVE	2.2 NAME	Steve Long	
STREET ADDRESS	300 S. BROADWAY	2.3 STREET ADDRESS	300 South Broadway	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	St. Louis, MO 63102	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	RAINS, RONALD	3.2 NAME		
STREET ADDRESS	600 BAY SPRINGS RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CENTRE AL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	DABY, MS. LIZ	4.2 NAME		
STREET ADDRESS	R.R. 1 BOX 4 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	GRAFTON ND	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM E. RUTH	5.2 NAME		
STREET ADDRESS	638 AUGDON DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ELYRIA OH	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 5/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074336