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FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713021** (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

BOX 783
ELYRIA OH 44035

BOX 783
ELYRIA OH 44036-0783
US



3. Date Incorporated or Qualified 06/30/1967	3a. Date of Last Report 05/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-6178162	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V - DIRECTOR	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORR, JIM		1.2 NAME	
STREET ADDRESS 815 NORTH SHERMAN ST		1.3 STREET ADDRESS	
CITY - ST - ZIP SPRINGFIELD MO		1.4 CITY - ST - ZIP	
TITLE D - DIRECTOR	<input type="checkbox"/> DELETE	2.1 TITLE PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEADBETTER, DR. FLOYD		2.2 NAME	
STREET ADDRESS 1741 ALOMA AVENUE		2.3 STREET ADDRESS	
CITY - ST - ZIP WINTER PARK FL		2.4 CITY - ST - ZIP	
TITLE P TRUSTEE	<input type="checkbox"/> DELETE	3.1 TITLE PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 TRUSTEE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 DIRECTOR	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 V P TRUSTEE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAY, ROUNDS		6.2 NAME	
STREET ADDRESS 15181 STATE ROUTE 58		6.3 STREET ADDRESS	
CITY - ST - ZIP OSBERLIN, OHIO 44074		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)