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Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 BOX 783 ELYRIA OH 44035	Mailing Address BOX 783 ELYRIA OH 44035 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/30/1967 4. FEI Number 59-6178162 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, JIM, TRUSTEE	1.2 NAME	
STREET ADDRESS	815 NORTH SHERMAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MO	1.4 CITY-ST-ZIP	
TITLE	DPE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Pres. elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEADBETTER, DR. FLOYD	2.2 NAME	Dr. Gerald Paist, DIRECTOR
STREET ADDRESS	1741 ALOMA AVENUE	2.3 STREET ADDRESS	239 Sykes Street
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Pallmer, MA 01069-1129
TITLE	PPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DICKINSON, WINNIE DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINS, RONALD	3.2 NAME	3401 ROSEHILL WAY
STREET ADDRESS	600 BAY SPRINGS RD.	3.3 STREET ADDRESS	LAUDERHILL, FL 33319
CITY-ST-ZIP	CENTRE AL	3.4 CITY-ST-ZIP	
TITLE	SOT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DABY, MS. LIZ	4.2 NAME	Dr. Kay RogersMartin
STREET ADDRESS	R.R. 1 BOX 4 N/A	4.3 STREET ADDRESS	12777 North Rockwell
CITY-ST-ZIP	GRAFTON ND	4.4 CITY-ST-ZIP	Oklahoma City, OK 73142-2789
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E. RUTH, DIRECTOR	5.2 NAME	
STREET ADDRESS	638 AUGDON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELYRIA OH	5.4 CITY-ST-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUNDS, RAY	6.2 NAME	Mourine Anduzia, TRUSTEE
STREET ADDRESS	15181 STATE ROUTE 58	6.3 STREET ADDRESS	101 National Avenue North
CITY-ST-ZIP	OBERLIN OH	6.4 CITY-ST-ZIP	Bremerton, WA 98312

14. I 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.

SIGNATURE _____ 6/16/98 440-211-1187

CR2E037 (10/97)

NATIONAL COUNCIL OF LOCAL ADMINISTRATORS

1997

BOARD OF DIRECTORS

PRESIDENT

✓ Jim Orr, Dean of Administrative Services
Ozarks Technical Community College
815 North Sherman Street
Springfield, MO 65802
Work Phone: 417-895-7202
Fax: 417-895-7249

Home: 417-235-7089
Secretary: Susie Doran

PRESIDENT-ELECT

Dr. Gerald Paist, Superintendent-Director
Pathfinder Regional Vocational
Technical High School District
239 Sykes Street
Pallmer, MA 01069-1129
Work Phone: 413-283-9701
Fax: 413-284-0032

Home: 413-568-8063
Secretary: Rosalie Lopes

VICE-PRESIDENT

✓ Mourine Anduzia, Director
Kitsap Peninsula Vocational Skills Center
101 National Avenue North
Bremerton, WA 98312
Work Phone: 360-478-5083-7431
Fax: 360-478-5090

Home: 360-692-7431
Secretary: Joan Bales

SECRETARY

✓ Dr. Kay Rogers Martin
Frances Tuttle Voc-Tech Center
12777 North Rockwell
Oklahoma City, OK 73142-2789
Work Phone: 405-717-4266
Fax: 405-717-4112
Email: kaymartin@francistuttle.com

Home 405-721-7462
Secretary: Judie Harris

CHIEF FINANCIAL OFFICER

✓ Bill Ruth, Superintendent
Lorain County JVS
15181 State Route 58 South
Oberlin, OH 44074
Work Phone: 440-774-1051
Fax: 440-774-2144

Home: 440-366-6187
Secretary: Barbara Fehlan