S[redacted] GREAT OAKS CORPORATE OFFICE 5137716575; 09/C

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713021

618365 - 90003 - 9

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

Principal Place of Business	Mailing Address
BOX 753 ELYRIA OH 44035	BOX 753 ELYRIA OH 44035 US

2. Principal Place of Business 21 PO BOX 621144 22 Suite, Apt. #, etc. ATT: STEVE JACKSON 23 City & State CINCINNATI, OH 24 Zip 45262-0436 25 Country USA	2a. Mailing Address 26 PO BOX 621144 27 Suite, Apt. #, etc. ATT: STEVE JACKSON 28 City & State CINCINNATI, OH 29 Zip 45262-0436 30 Country USA	3. Date Incorporated or Qualified 06/30/1967 4. FEI Number 59-6178162 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DICKINSON, WINNIE DR.
3401 ROSEHILL WAY
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

31 Name: Kaye Chastain
32 Street Address (P.O. Box Number is Not Acceptable)
c/o Orlando Tech ~~TECHNOLOGY & CAREER DEV.~~
33 3254 301 W KEAmelia Street
34 City Orlando 35 FL Zip Code 32801-1581

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: Kaye Chastain 9/9/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TPVD ORR, JIM 815 NORTH SHERMAN ST SPRINGFIELD MO	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P PAIST, GERALD 239 SYKES ST PALLMER, MA 02069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAIST, GERALD 239 SYKES ST PALLMER MA 01069	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP ANDUZIA, MOURINE 101 NATIONAL AVE N BREMERTON, WA 98312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DICKINSON, WINNIE 3401 ROSEHILL WAY LAUDERHILL FL 33319	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T ORR, JIM PO BOX 5958 SPRINGFIELD, MO 65801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROGERSMARTIN, KAY 12777 N ROCKWELL OKLAHOMA CITY OK 73142	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAM E. RUTH 638 AUGDON DR. ELYRIA OH	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D CHASTAIN, KAY 445 WEST AMELIA STREET ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ANDUZIA, MOURINE 101 NATIONAL AVE N BREMERTON WA 98312	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	MD JACKSON, STEVE 3254 EAST KEMPER ROAD CINCINNATI, OH 45241	☐ Change ☒ Addition

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: JAMES SIGNATURE REQUIRED 7/21/99 (417) 895-7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #