

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713021

FILED
Apr 24, 2008
Secretary of State

Entity Name: NATIONAL COUNCIL OF LOCAL ADMINISTRATORS OF CAREER AND TECHNICAL EDUCATION, INC.

Current Principal Place of Business:

6628 WILD ROSE LANE
ATTN: THOMAS APPELEGATE
WESTERVILLE, OH 43082 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2473
ATTN: THOMAS APPELEGATE
WESTERVILLE, OH 430862473 US

New Mailing Address:

FEI Number: 59-6178162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLSTEIN, JOHN W
1821 DEL WEBB BLVD E
SUN CITY CENTER, FL 335736904 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MDT () Delete
Name: APPELEGATE, THOMAS N
Address: 6628 WILD ROSE LANE
City-St-Zip: WESTERVILLE, OH 43082

Title: D () Delete
Name: MAJOR, DOUG
Address: 2101 NORTH ASH
City-St-Zip: PONCA CITY, OK 74601

Title: V () Delete
Name: JENKINGS, MARILYN
Address: 1510 EAGLE CREST DR
City-St-Zip: PRESCOTT, AZ 86301

Title: S () Delete
Name: CULPEPPER, DIANE
Address: 901 WEBSTER AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WHITE, ROBERTA
Address: 3254 EAST KEMPER ROAD
City-St-Zip: CINCINNATI, OH 45241

Title: P () Delete
Name: GEBHART, GARY
Address: 3254 EAST KEMPER RD
City-St-Zip: CINCINNATI, OH 45241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JENKINGS, MARILYN
Address: 1510 EAGLE CREST DR
City-St-Zip: PRESCOTT, AZ 86301

Title: V (X) Change () Addition
Name: FRIEDEMANN, THOMAS
Address: 12777 N. ROCKWELL
City-St-Zip: OKLAHOMA CITY, OK 73142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS APPELEGATE

MDT

04/24/2008

Electronic Signature of Signing Officer or Director

Date