

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90064 025 ****61.25

DOCUMENT # 739350

1. Entity Name

**THE FLORIDA TEACHING PROFESSION - NEA (FTP-NEA)
 HOLDING CORP., INC.**

Principal Place of Business

Mailing Address

**213 S. ADAMS STREET
 TALLAHASSEE FL 32301**

**213 S. ADAMS STREET
 TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1843674

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, RONALD G ESQUIRE
 2544 BLAIRSTONE PINES DRIVE
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTD WALLACE, AARON 213 SOUTH ADAMS ST TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, BOB 213 S ADAMS ST TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINNEN, MAUREEN 213 SOUTH ADAMS STREET TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Ford, Andy 213 South Adams Street Tallahassee, Florida 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCall, Joanne 9340 CR 125B Wildwood, Florida 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Underwood, Carolyn 712 Canterbury Road Clearwater, Florida 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maureen Dinnen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 850-222-4767
 Date Daytime Phone #

CR2E037 (9/01)

ATTACH # 1739350 / 1046926

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dukes, Judy 428 North Broadway Street Starke, Florida 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Elliott, Linda 104 Fiesta Drive Ormond Beach, Florida 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Johnson, Dr. Shirley 2200 Biscayne Boulevard Miami, Florida 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Barber, Pat 1523 Sixth Avenue West, DeSoto Towers, G-1 Bradenton, Florida 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Wilson, Jim 6840 East Tropical Way Plantation, Florida 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Anderson, Steve 114 Larkspur Drive Altamonte Springs, Florida 32701