

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 033 ***150.00

DOCUMENT # 833622

1. Entity Name
NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES (CHARTERED BY 59TH CONGRESS OF U.S.)



Principal Place of Business
1718 E. 7TH AVE
SUITE 301
TAMPA, FL 33605 US

Mailing Address
1718 E. SEVENTH AVE., SUITE 301
P O BOX 75638
TAMPA, FL 33675-0638 US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01232008 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
59-0115260

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLY, MARK F.
1718 E 7TH AVE, STE 301
TAMPA, FL 33605

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and line if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, SARAH		NAME	De Rosa, Guy V.	
STREET ADDRESS	31224 BEAVER CIRCLE		STREET ADDRESS	6140 Monterey Rd., #405	
CITY - ST - ZIP	LEWES, DE 19958		CITY - ST - ZIP	Los Angeles, CA 90042-5406	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, REG		NAME		
STREET ADDRESS	1201 16TH ST N W		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON, DC		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ROEKEL, DENNIS		NAME		
STREET ADDRESS	1201 16TH ST N W		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON, DC		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESKELSEN, LILY		NAME		
STREET ADDRESS	1201 16TH ST N W		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON, DC		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA, SANCHEZ V		NAME	Schnellenberger, Nathan G.	
STREET ADDRESS	1295 CIRCLE DRIVE, #306		STREET ADDRESS	1752 W. 5th Avenue	
CITY - ST - ZIP	PONTIAC, MI 48340		CITY - ST - ZIP	Jasper, IN 47546	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANDERUP, ART R		NAME	Boylan, Connie	
STREET ADDRESS	18021 CO. RD. 16		STREET ADDRESS	6121 Peggy Lane E	
CITY - ST - ZIP	BLAIR, NE 68005		CITY - ST - ZIP	Traverse City, MI 49684	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, 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 607, 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: Reg Weaver 2/1/08 Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR