2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State
07-11-2005 90122 014 ****70.00

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1. Entity Name
TEACH FOR AMERICA, INC.

14U10400

Principal Place of Business	Mailing Address
315 WEST 36TH STREET, SIXTH FLOOR NEW YORK, NY 10018	315 WEST 36TH STREET, SIXTH FLOOR NEW YORK, NY 10018

07012005 Chg-NP CR2E037 (10/03)

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 13-3541913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOPP, WENDY 315 WEST 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNY, DAVID 800 BOYLSTON STREET BOSTON, MA 02199	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNY, DAVID. 315 WEST 36TH ST, 6TH FLOOR. NEW YORK, NY 10018 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOURNING, PAUL W 100 MAIDEN LANE NEW YORK, NY 10038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOURNING, PAUL W. 315 WEST 36TH ST, 6TH FLOOR NEW YORK, NY 10018 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZEITLIN, JIDE 80 BROAD STREET NEW YORK, NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZEITLIN, JIDE 315 WEST 36TH ST, 6TH FLOOR. NEW YORK, NY 10018 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HINDERY, LEO J JR. 405 LEXINGTON AVE., 38TH FLOOR NEW YORK, NY 10174	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ISAACSON, WALTER 315 WEST 36TH ST, 6TH FLOOR. NEW YORK, NY 10018 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Jonathan Travers 7/5/05 2122752080 x101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #