

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000001923

1. Entity Name
TEACH FOR AMERICA, INC.



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

Mailing Address
**315 WEST 36TH STREET, SIXTH FLOOR
NEW YORK, NY 10018**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KOPP, WENDY
315 WEST 36TH STREET 6TH FL
NEW YORK, NY 10018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MOURNING, PAUL
315 W 36TH STREET 6TH FL
NEW YORK, NY 10018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ZEITLIN, JIDE
315 W 36TH STREET 6TH FL
NEW YORK, NY 10018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
ROSSY, MIGUEL
315 WEST 36TH ST 6TH FL
NEW YORK, NY 10018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SEABROOK, DAVID
315 W 36TH STREET 6TH FL
NEW YORK, NY 10018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000589366
01/18/07-80013-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Seabrook

1/5/2007

202-279-2080 x194