

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001547

FILED
Apr 08, 2006
Secretary of State

Entity Name: NATIONAL CAREER ACADEMY COALITION, INC.

Current Principal Place of Business:

1750 NE 167TH STREET
TECH 332
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 600490
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 52-2029360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHYTE, NIGEL
NCAC AT NOVA SOUTHEASTERN UNIVERSITY
1750 NE 167TH STREET, TECH 332
NORTH MIAMI BEACH, FL 331623017 US

Name and Address of New Registered Agent:

WHYTE, NIGEL
NCAC AT NOVA SOUTHEASTERN UNIVERSITY
1750 NE 167TH STREET, TECH 333
NORTH MIAMI BEACH, FL 331623017 US

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: NIGEL A. WHYTE

04/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAJKA, CONNIE
Address: 230 S. BROAD STREET, 13TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19102 US

Title: VP () Delete
Name: TIDYMAN, SUSAN
Address: 97 WOODMONT COURT
City-St-Zip: DANVILLE, CA 94526 US

Title: S () Delete
Name: STRUEBING, JAN
Address: 1101 WEST EMMA
City-St-Zip: SPRINGDALE, AR 72764 US

Title: T () Delete
Name: SHEAFFER, TOM
Address: 1101 MARKET STREET, 10TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19107 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: CONNIE MAJKA

P

04/08/2006

Electronic Signature of Signing Officer or Director

Date