

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000621

FILED
Mar 21, 2009
Secretary of State

Entity Name: T.E.A.C.H., INC.

Current Principal Place of Business:

5250 OCHLOCKONEE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

5250 OCHLOCKONEE ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3634849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMHOF, LESLIE S DR.
5250 OCHLOCKONEE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAXWELL, WILLIAM
Address: 305 N CORRY STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: SELLERS, JEFF
Address: 3953 MAGELLAN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: KISTLER, MARK
Address: 1506 MEEKS RD
City-St-Zip: TALLAHASSEE, FL 32317

Title: DT () Delete
Name: EMHOF, R. YOLANDA
Address: 5250 OCHLOCKONEE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: MAXWELL, SHEILA
Address: 305 N CORRY STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: KISTLER, DEBBIE
Address: 1506 MEEKS RD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: MYERS, MARLIN
Address: 1124 NANDINA CT
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: DS (X) Change () Addition
Name: MYERS, ESTER
Address: 1124 NANDINA CT
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE S EMHOF

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date