2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N01000000107

Entity Name: NATIONAL SUBSITUTE TEACHERS ALLIANCE, INC.

Current Principal Place of Business:

802 EAST 6TH STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

802 EAST 6TH STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3663602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCBEE, MILDRED E
802 EAST 6TH STREET
APOPKA, FL 32703

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:	D	( ) Delete
Name:	KIRSTEN, SHIRLEY	
Address:	1128 W SAN RAMON	
City-St-Zip:	FRESNO, CA 93711	
Title:	D	( ) Delete
Name:	HARKAVY, MITCHELL	
Address:	504 28 N. MAIN ST.	
City-St-Zip:	ENDICOTT, NY 13760	
Title:	D	( ) Delete
Name:	MCBEE, MILDRED	
Address:	802 EAST 6TH STREET	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	HANSSTON, KARLA	
Address:	11218 MT. VIEW DRIVE	
City-St-Zip:	FRESNO, CA 93638	
Title:	D	( ) Delete
Name:	RAZZANO, ALICE	
Address:	435 CHRISTOPER AVE	
City-St-Zip:	GAITHERBURG, MD 20879	
Title:	D	( ) Delete
Name:	BLATTNER, ILENE	
Address:	1822 KIOWA LANE	
City-St-Zip:	COZAD, NE 69130	

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:	
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 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 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: MILDRED MCBEE D 04/16/2004

Electronic Signature of Signing Officer or Director — Date