


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000000107 1. Entity Name NATIONAL SUBSTITUTE TEACHERS ALLIANCE, INC.	
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Principal Place of Business 802 EAST 6TH STREET APOPKA, FL 32703	Mailing Address 802 EAST 6TH STREET APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP GR2E037 (10/03)

4. FEI Number 59-3663602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSTEN, SHIRLEY 1128 W SAN RAMON FRESNO, CA 93711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKAVY, MITCHELL 504 28 N. MAIN ST. ENDICOTT, NY 13760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBEE, MILDRED 802 EAST 6TH STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSSTON, KARLA 11218 MT. VIEW DRIVE FRESNO, CA 93638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZZANO, ALICE 435 CHRISTOPHER AVE GAITHERBURG, MD 20879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLATTNER, ILENE 1822 KIOWA LANE COZAD, NE 69130

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U00000212883
02/03/05-80048-016 61.25

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: Mildred Mabee (Mildred Mabee) 2/1/05 407-884-7203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #