APPROVED AND FILED

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05 JUL 22 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000107

1. Entity Name
NATIONAL SUBSITUTE TEACHERS ALLIANCE, INC.

2/3/05 80048 016 $61.25

Principal Place of Business	Mailing Address
802 EAST 6TH STREET APOPKA, FL 32703	802 EAST 6TH STREET APOPKA, FL 32703

08292005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3663602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCBEE, MILDRED E 802 EAST 6TH STREET APOPKA, FL 32703	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Mildred McBee Mildred McBee 7/22/05
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRSTEN, SHIRLEY 1128 W SAN RAMON FRESNO, CA 93711	☒ Delete	TITLE D NAME Jim Politis STREET ADDRESS 8508 Plumcreek Drive CITY-ST-ZIP Gaithersburg, MD 20882	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARKAVY, MITCHELL 504 28 N. MAIN ST. ENDICOTT, NY 13760	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCBEE, MILDRED 802 EAST 6TH STREET APOPKA, FL 32703	☐ Delete OK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSSTON, KARLA 11218 MT VIEW DRIVE FRESNO, CA 93838	☒ Delete	TITLE D NAME Marvin Goetz STREET ADDRESS 1211 SW 49th Terrace CITY-ST-ZIP Cape Coral, FL 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAZZANO, ALICE 435 CHRISTOPHER AVE GAITHERBURG, MD 20879	☒ Delete	TITLE D NAME David Mandeh (r) STREET ADDRESS 1431 E. Johnson St. #19 CITY-ST-ZIP Madison, WI 53703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLATTNER, ILENE 1822 KIOWA LANE COZAD, NE 69130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 McBee Mildred McBee 7/22/05 407-884-7203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #