

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90346 037 ****70.00

DOCUMENT # **NO10000000107**

1. Entity Name
**National Substitute Teachers Alliance
INC.**



DO NOT WRITE IN THIS SPACE

40049688

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1211 S.W. 49th Terrace		2769 AKRON Street	
City & State Cape Coral FL		City & State SAN BERNARDINO CA	
Zip 33914	Country USA	Zip 92407-2148	Country USA

CR2E037B (8/05)

4. FEI Number 59-3663602	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mike McBEe
Street Address (P.O. Box Number is Not Acceptable) 802 E. 6th Street
City Apopka
State FL
Zip Code 32703

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

Marvin A. Goetz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/06

**FEE IS \$61.25
Initial or Amended AR**

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

TITLE PRESIDENT	NAME JIM POLITIS	TITLE	NAME
STREET ADDRESS 8508 PLUMCREEK Dr.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP GAITHERSBURG MD 20882	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VICE PRESIDENT	NAME MARVIN A GOETZ	TITLE	NAME
STREET ADDRESS 1211 S.W. 49th Terrace	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP CAPE CORAL FL 33914	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE SECRETARY	NAME DAVID MANDEHR	TITLE	NAME
STREET ADDRESS 1431 E. JOHNSON ST. # 19	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MADISON, WI 53703	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE TREASURER	NAME RON FLETCHER	TITLE	NAME
STREET ADDRESS 2769 AKRON ST.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP SAN BERNARDINO CA 92407	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE EX-Treasurer - Board Member	NAME Millie McBee	TITLE	NAME
STREET ADDRESS 802 E 6th Street	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP APOPKA, FL 32703	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Marvin A. Goetz

4/13/06 239 542-1746