

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90040 012 ****70.00

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1. Entity Name

THE NATIONAL ASSOCIATION OF THERAPEUTIC
SCHOOLS & PROGRAMS, INC.



Principal Place of Business

1537 LAKEVIEW RD STE B
CLEARWATER FL 33758-4949

Mailing Address

P.O. BOX 4949
CLEARWATER FL 33758-4949

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

77-0511753

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

ANDERSON, MOODY L
~~1537 LAKEVIEW RD STE B~~
CLEARWATER FL 33758-4949

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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
NAME MOSS, JAN ☐ Delete
STREET ADDRESS 13690 SOUTH BURTON ROAD
CITY-ST-ZIP SPRING VALLEY AZ 86333

TITLE
NAME SMITH, PAUL ☐ Delete
STREET ADDRESS PO BOX 1064
CITY-ST-ZIP ALBANY OR 97321

TITLE
NAME ED ANDERSON, ANDY ☐ Delete
STREET ADDRESS PO BOX 4949
CITY-ST-ZIP CLEARWATER FL 33758

TITLE
NAME JAMES-RIDDELL, PENNY ☒ Delete
STREET ADDRESS PO BOX 1303
CITY-ST-ZIP BEND OR 97708-5986

TITLE
NAME HURDEN, SUSAN ☒ Delete
STREET ADDRESS 17100 PIONEER BLVD., STE 300
CITY-ST-ZIP CERRITOS CA 90701-2709

TITLE
NAME KEHL, CHERYL ☐ Delete
STREET ADDRESS 1484 E HARVARD AVE. 382 W Main
CITY-ST-ZIP SALT LAKE CITY UT 84105
Duchessne 84021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS See attached list
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

N0100000640



The National Association of Therapeutic Schools and Programs
Board of Directors as of March, 2004

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