

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 29, 2005 8:00 am
Secretary of State

04-06-2005 90104 020 ****61.25

DOCUMENT # N01000006410			
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 126 N. MARINA Suite 3 Prescott, AZ 86301 Country US		3. Mailing Address 126 N. MARINA Suite 3 Prescott, AZ 86301 Country US	
4. FEI Number 77-0511753		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		66014133 	
6. Name and Address of Current Registered Agent ANDERSON, MOODY L 1537 LAKEVIEW RD STE B CLEARWATER FL 33758-4949		7. Name and Address of New Registered Agent Name: JAN MOSS Street Address (P.O. Box Number is Not Acceptable): 1433 MALLARD PLACE City: PALM HARBOR FL Zip Code: 3468311	
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: JAN MOSS (Signature) 2/17/05 (Date) Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reissuing)			
FILE NOW: FEE IS \$61.25 Due By: May 1, 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: T NAME: MOSS, JAN STREET ADDRESS: 13690 SOUTH BURTON ROAD CITY-ST-ZIP: SPRING VALLEY AZ 86333	☒ Delete	TITLE: TREASURER NAME: CRAIG LA MONT STREET ADDRESS: P.O. Box 537 CITY-ST-ZIP: OREM, UT 84059	☒ Change ☐ Addition
TITLE: P NAME: SMITH, PAUL STREET ADDRESS: PO BOX 1064 CITY-ST-ZIP: ALBANY OR 97321	☒ Delete	TITLE: PRESIDENT NAME: JOHN SANTA STREET ADDRESS: 36 HILLCREST DR CITY-ST-ZIP: KALISPELL, MT 59901	☒ Change ☐ Addition
TITLE: ED NAME: ANDERSON, ANDY STREET ADDRESS: PO BOX 4949 CITY-ST-ZIP: CLEARWATER FL 33758	☒ Delete	TITLE: EXECUTIVE DIRECTOR NAME: JAN MOSS STREET ADDRESS: 126 N. MARINA CITY-ST-ZIP: PRESCOTT, AZ 86301	☒ Change ☐ Addition
TITLE: D NAME: KEHL, CHERYL STREET ADDRESS: 382 W. MAIN CITY-ST-ZIP: DUCHESNE UT 84021	☐ Delete	TITLE: SECRETARY NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	☒ Change ☐ Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	☐ Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	☐ Change ☐ Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	☐ Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	☐ 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: [Signature] JAN MOSS		2-18-05 928-443-9505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT



The National Association of Therapeutic Schools and Programs
Board of Directors as of October 10, 2004

66014133
#N01000006410

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