2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO100006410



FILED
Mar 17, 2003 8:00 am §
Secretary of State

	TIONAL ASSOCIATION OF THE RAMS, INC.	03-17-2003 91063 008 ****61.25					
1537 LAKEVIEW RD STE 8 P.0		Mailing Address P.O.BOX 4949 CLEARWATER FL 33758-49	-				
Principal Place of Business 3. Mailing Address			, <u>,</u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHEC	CK HERE IF MAKING CHAN	GES	
City & State		City & State		4. FEI Number 77-0511753 Applied For Not Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		Additional	
	6Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
1537 LA	ON, MOODY L KEVIEW RD STE B ATER FL 33758-4949		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
<u>.</u>			City		Zip	Code	
•	Signature, typed or printed name of registered agent	9. Election Can Trust Fund C	E: Registered Agent signature requirence of the second signature required signatur	\$5.00 May Be Added to Fees	Make Check Payal Florida Department	ble to	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBRECHT, DIANE 1255 POST ST STE 1001 SAN FRANCISCO CA 94109	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attac	☐ Char		
CITY-ST-ZIP	DVP ALLGOOD, MICHAEL P.O.BOX 1064 WHITMORE CX 96096	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	nge 🗀 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DELAMARE, KIMBALL 2560 W 27005 SYRACUSE UT 94075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIDDLE PENNY P.O.BOX 1303 119 S HILL RD TROUT CREEK MT 59874	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Chan	ge Addition	

Thereby dentity that the information supplied with this filling 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.

727 - 442-7661

Attachment

National Association of Therapeutic Schools and Programs Board of Directors as of <u>February 20, 2003</u>

NO 1000001110 80057893

Ms. Susan Burden
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Ms. Betsy Jacobson-Warren Academy at Sisters PO Box 5986 Bend, OR 97708-5986 Ph: 541-389-2748 Fax: 541-389-2897 Biwarren@bendcable.com

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Secretary
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