

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

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90011 005 ****61.25

DOCUMENT # N02000003558

1. Entity Name

NATIONAL ALTERNATIVE EDUCATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~5351 GULF DRIVE~~
~~HOMES BEACH FL 34217~~

~~5351 GULF DRIVE~~
~~HOMES BEACH FL 34217~~

2. Principal Place of Business

3. Mailing Address

John A. Vonk, Treas
Suite, Apt. #, etc.
1351 56th Ave

1351 56th Ave
Suite, Apt. #, etc.

City & State

City & State

Greeley Co
Zip 80634 Country US

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Zip 80634 Country U.S.



MOORE

CR2E037 (11/03)

4. FEI Number

04-3665617

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 PD
NAME ERICKSON, FRITZ
STREET ADDRESS 5351 GULF DRIVE
CITY-ST-ZIP HOMES BEACH FL 34217 ☐ Delete

TITLE VD
NAME MCEVOY, ALLEN
STREET ADDRESS 5351 GULF DRIVE
CITY-ST-ZIP HOMES BEACH FL 34217 ☐ Delete

TITLE STD
NAME ERICKSON, EDELL
STREET ADDRESS 5351 GULF DRIVE
CITY-ST-ZIP HOMES BEACH FL 34217 ☐ Delete

TITLE DT
NAME VONK, JOHN
STREET ADDRESS 1351 56TH AVE
CITY-ST-ZIP GREELEY CO 80634 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME Dennis L. White
STREET ADDRESS The George Washington University
CITY-ST-ZIP 2121 K Street NW, Suite 200
Washington, DC 20037-1830 ☒ Change ☒ Addition

TITLE JP
NAME Mark J. Fernandes
STREET ADDRESS 110 Mill Street
CITY-ST-ZIP New Britain, CT 06051-1960 ☐ Change ☒ Addition

TITLE D II
NAME Vicki Nishioka
STREET ADDRESS College of Education
CITY-ST-ZIP 1265 University of Oregon
Eugene, OR 97403-1265 ☐ Change ☒ Addition

TITLE D III
NAME Marie Sobers
STREET ADDRESS Stonewall Jackson High School
CITY-ST-ZIP 8820 Rixlew Lane
Manassas, VA 20109 ☐ Change ☒ Addition

TITLE D IV
NAME Harold A. Coles
STREET ADDRESS Greenburgh Central Sch Dist No. 7
CITY-ST-ZIP 476 West Hartsdale Ave.
Hartsdale, NY 10503 ☐ Change ☒ Addition

TITLE D V
NAME Carolyn Johnson
STREET ADDRESS Chicago Public Schools
CITY-ST-ZIP 836 South May St.
Chicago, IL 60607 ☐ 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)(f), 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: John Vonk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04 970-395-2409
Date Daytime Phone #