

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90055 007 ****70.00

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| DOCUMENT # N02000003558 | | | | | |
| 1. Entity Name NATIONAL ALTERNATIVE EDUCATION ASSOCIATION, INC. | | | | | |
| Principal Place of Business JOHN A VONK TREAS 1351 56TH AVE GREELEY, CO 80634 | | | Mailing Address 1351 56TH AVE GREELEY, CO 80634 | | |
| 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 04-3665617 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 PD NAME ERICKSON, FRITZ STREET ADDRESS 5351 GULF DRIVE CITY-ST-ZIP HOMES BEACH, FL 34217 | <input type="checkbox"/> Delete | | TITLE VD NAME ERICKSON, Fritz STREET ADDRESS 211 OAK WALK CT CITY-ST-ZIP De Pere WI 54115 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME MCEVOY, ALLEN STREET ADDRESS 5351 GULF DRIVE CITY-ST-ZIP HOMES BEACH, FL 34217 | <input type="checkbox"/> Delete | | TITLE PD NAME Mark Fernandes STREET ADDRESS 1359 Diamond Hill Rd CITY-ST-ZIP Cheshire CT 06410-1899 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE DII NAME NISHIOKA, VICKI STREET ADDRESS 1265 UNIVERSITY OF OREGON CITY-ST-ZIP EUGENE, OR 974031263 | <input type="checkbox"/> Delete | | TITLE D NAME McEvoy, Allen STREET ADDRESS 1414 Limerick St CITY-ST-ZIP Yellow Springs OH 45501 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME VONK, JOHN STREET ADDRESS 1351 56TH AVE CITY-ST-ZIP GREELEY, CO 80634 | <input type="checkbox"/> Delete | | TITLE TD NAME VONK, John STREET ADDRESS 1351 56th Ave CITY-ST-ZIP Greeley CO 80634 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DIII NAME SOBERS, MARIE STREET ADDRESS 8820 RIXLEW LANE CITY-ST-ZIP MANASSAS, VA 20109 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME Carolyn Johnson STREET ADDRESS 836 S May St CITY-ST-ZIP Chicago IL 60607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE DIV NAME COLES, HAROLD A STREET ADDRESS 476 WEST HARTSDALE AVE CITY-ST-ZIP ARDSLEY ON HUDSON, NY 10503 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: | | | John A. Vonk | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 01-14-05 | | |
| Daytime Phone #: 395-2409 | | | 970 | | |