

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90084 033 ****70.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 04-3665617	
City & State		City & State		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 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 VP NAME ERICKSON, FRITZ STREET ADDRESS 211 OAK WATER CT CITY-ST-ZIP DE PERE, WI 54115	<input type="checkbox"/> Delete		TITLE SO NAME Kerry Venegas STREET ADDRESS 74 Walnut St. Apt #9 CITY-ST-ZIP Somerville MA 02143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MCEVOY, ALLEN STREET ADDRESS 1014 LIURMORE ST CITY-ST-ZIP YELLOW SPRINGS, OH 44501	<input type="checkbox"/> Delete		TITLE D NAME MCEVOY, ALLEN STREET ADDRESS 540 FAIRFIELD PIKE CITY-ST-ZIP YELLOW SPRINGS OH 45387	<input checked="" type="checkbox"/> Change <input 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 John Siskind STREET ADDRESS 4960 Hunt Club Rd CITY-ST-ZIP Salem NC 27104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME VONK, JOHN STREET ADDRESS 1351 56TH AVE CITY-ST-ZIP GREELEY, CO 80634	<input 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 PD NAME FERNANDES, MARK STREET ADDRESS 1359 DIAMOND HILL RD CITY-ST-ZIP CHESHIRE, CT 064101899	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D IV NAME COLES, HAROLD A STREET ADDRESS 476 WEST HARTSDALE AVE CITY-ST-ZIP ARDSLEY ON HUDSON, NY 10503	<input type="checkbox"/> Delete		TITLE D NAME COLES, HAROLD A STREET ADDRESS 123 Valentine Lane Apt 5B CITY-ST-ZIP Yonkers NY 10705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			John A. Vonk, 1/12/06 970 <small>Date</small> <small>Daytime Phone #</small>		