2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N02000003882

Entity Name: THE AMERICAN ASSOCIATION FOR TEACHING AND CURRICULUM INCORPORATED

Current Principal Place of Business:

4240 YORKETOWNE RD.
ORLANDO, FL 328127958

New Principal Place of Business:

528 S SAMUEL ST
CHARLES TOWN, WV 25414 US

Current Mailing Address:

4240 YORKETOWNE RD.
ORLANDO, FL 328127958

New Mailing Address:

528 S SAMUEL ST
CHARLES TOWN, WV 25414

FEI Number: 74-2756770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYSILKA, MARCELLA L
4240 YORKETOWNE RD.
ORLANDO, FL 328127958 US

Name and Address of New Registered Agent:

BAILEY, LYNNE M
528 S SAMUEL ST
CHARLES TOWN, FL 25414 US

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.

SIGNATURE: LYNNE M. BAILEY 03/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RILEY, KAREN DR.
Address: 4240 YORKETOWNE RD.
City-St-Zip: ORLANDO, FL 328127958

Title: D ( ) Delete
Name: GARRETT, ALAN DR.
Address: 4240 YORKETOWNE RD.
City-St-Zip: ORLANDO, FL 328127958

Title: D ( ) Delete
Name: BIFFLE, RICHARD DR.
Address: 4240 YORKETOWNE RD.
City-St-Zip: ORLANDO, FL 328127958

Title: D ( ) Delete
Name: THOMPSON, PAMELA C DR.
Address: 4240 YORKE TOWNE RD
City-St-Zip: ORLANDO, FL 329127958

Title: D ( ) Delete
Name: BAILEY, LYNNE DR.
Address: 4240 YORKETOWNE RD.
City-St-Zip: ORLANDO, FL 328127958

Title: D ( ) Delete
Name: BROYLES, INDIA DR.
Address: 4240 YORKETOWNE RD
City-St-Zip: ORLANDO, FL 32812 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOOSTROM, ROBERT DR.
Address: USI DEPT OF TEACHER ED
City-St-Zip: EVANSVILLE, IN 47712

Title: PED (X) Change ( ) Addition
Name: PEREZ, DAVID DR.
Address: 1118 N. BLUFF DR.
City-St-Zip: NEW KENSINGTON, PA 15068

Title: EOD (X) Change ( ) Addition
Name: KYSILKA, MARCELLA DR.
Address: 4240 YORKETOWNE
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change ( ) Addition
Name: THOMPSON, PAMELA C DR.
Address: 200W. KAWILI ST.
City-St-Zip: HILO, HI 96720

Title: D (X) Change ( ) Addition
Name: BAILEY, LYNNE DR.
Address: 528 S SAMUEL ST
City-St-Zip: CHARLES TOWN, WV 25414

Title: D (X) Change ( ) Addition
Name: ELSASSER, STACEY DR.
Address: 701 N. CLINTON ST.
City-St-Zip: DEFIANCE, OH 43512

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE M. BAILEY DR 03/24/2009
Electronic Signature of Signing Officer or Director Date