## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003882

FILED Jan 10, 2011 Secretary of State

Entity Name: THE AMERICAN ASSOCIATION FOR TEACHING AND CURRICULUM INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

528 S SAMUEL ST

CHARLES TOWN, WV 25414 US

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

 Name:
 NULL, WESLEY DR.

 Address:
 ONE BEAR PLACE #97314

 City-St-Zip:
 WACO, TX 76798

Title: PED

Name: BIFFLE III, RICHARD DR.
Address: 4330-D ORION PLACE
City-St-Zip: KAPOLEI, HI 96707

Title: EOD

Name: BAILEY, LYNNE DR.
Address: 528 S. SAMUEL STREET
City-St-Zip: CHARLES TOWN, WV 25414

Title:

Name: PEREZ, DAVID DR. Address: 1118 N. BLUFF DRIVE

City-St-Zip: NEW KENSINGTON, PA 15068

Title: [

Name: BOHAN, CHARA DR.

Address: COE/MSIT 6TH FLOOR, 30 PRYOR STREET

City-St-Zip: ATLANTA, GA 30303

Title: [

Name: CLONINGER, KEVIN DR.
Address: 8 OLD PILGRIMS WAYS
City-St-Zip: KERHONKSON, NY 12446

I hereby 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 all other like empowered.

SIGNATURE: LYNNE BAILEY DR. 01/10/2011