

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008935

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: AYCMA/TEACHER AND FAMILY ASSOCIATION, INC.

**Current Principal Place of Business:**

3221 CHIQUITA BOULEVARD SOUTH  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

3221 CHIQUITA BOULEVARD SOUTH  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 42-1609018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EHRENBERG, BERNADETTE  
4904 VINCENNES CT #106  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

LANGO, DEEMARIE  
635 WILDWOOD PKY  
CAPE CORAL, FL 33904 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: DEEMARIE LANGO

01/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: EHRENBERG, BERNADETTE  
Address: 4904 VINCENNES PT #106  
City-St-Zip: CAPE CORAL, FL 33914

Title: DT (X) Delete  
Name: LANGO, DEE MARIE  
Address: 635 WILDWOOD PKY  
City-St-Zip: CAPE CORAL, FL 33914

Title: DS (X) Delete  
Name: LASHAUN, COLLIER  
Address: 1330 SE 5TH ST  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: LANGO, DEEMARIE  
Address: 635 WILDWOOD PKY  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEEMARIE LANGO

DT

01/14/2008

Electronic Signature of Signing Officer or Director

Date