

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008935

FILED
Jan 31, 2009
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:

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

Name and Address of New Registered Agent:

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PR () Change (X) Addition
Name: REILLY, CLIFF A
Address: 2202 SW 25TH
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SEC () Change (X) Addition
Name: MAYLOR-HARRIS, MONIQUE
Address: 623 SE 30TH STREET
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP () Change (X) Addition
Name: EISENKECK, NADJA
Address: 1434 SW 51ST LN
City-St-Zip: CAPE CORAL, FL 33914 US

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

TR

01/31/2009

Electronic Signature of Signing Officer or Director

Date