

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006957

FILED
Apr 14, 2005
Secretary of State

Entity Name: NATIONAL BOARD CERTIFIED TEACHERS OF LEON COUNTY, INC.

Current Principal Place of Business:

3794 PATCH DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3794 PATCH DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 74-3133964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, NANCY
3794 PATCH DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

WATSON, NANCY H
3794 PATCH DR
TALLAHASSEE, FL 32309 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: NANCY H. WATSON

04/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORDER, KATHY
Address: 7200 LAWTON CHILES LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: WATSON, NANCY
Address: 3794 PATCH DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: SAUNDERS, SUNNY
Address: 3514 KILKENNY DR W
City-St-Zip: TALLAHASSEE, FL 32309

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WATSON, NANCY H
Address: 3794 PATCH DR
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: D () Change (X) Addition
Name: WILLIS, CHERYL
Address: 6397 MALLARD TRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Change (X) Addition
Name: WINGER, CAROL
Address: 2604 VASSAR ROAD
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY H. WATSON

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date