

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006957

FILED  
Mar 23, 2006  
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 H  
3794 PATCH DR  
TALLAHASSEE, FL 32309 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: P ( ) Delete  
Name: CORDER, KATHY  
Address: 7200 LAWTON CHILES LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: WATSON, NANCY H  
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: D ( ) Delete  
Name: WILLIS, CHERYL  
Address: 6397 MALLARD TRACE  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

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

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

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

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 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: NANCY WATSON

D

03/23/2006

Electronic Signature of Signing Officer or Director

Date