

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006957

FILED
Mar 24, 2010
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
Name: SCOTT, TAITA
Address: 3225 HESTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: O'DELL, JAN
Address: 4800 HEATHE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: FREEMAN, BETH
Address: 5540 HAMPTON WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: T
Name: VINSON, SUSAN
Address: 8037 DEERLAKE DR E
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D
Name: WATSON, NANCY H
Address: 3794 PATCH DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: NANCY H. WATSON

MRS.

03/24/2010

Electronic Signature of Signing Officer or Director

Date