2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007624

FILED May 04, 2008 Secretary of State

Entity Name: TEACHERS OF THE YEAR NATIONAL ALUMNI ASSOCIATION, INC.

Current P		
	rincipal Place of Business:	New Principal Place of Business:
	NAMON WAY WEST D, FL 33801 US	3757 HAMPTON HILLS DRIVE LAKELAND, FL 33810 US
Current N	lailing Address:	New Mailing Address:
	NAMON WAY WEST D, FL 33801 US	3757 HAMPTON HILLS DRIVE LAKELAND, FL 33810 US
n accordar	: 20-1433554 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation did no	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
1304 CIN	ANTIONETTE NAMON WAY WEST D, FL 33801 US	WILCOX, ANTIONETTE 3757 HAMPTON HILLS DRIVE LAKELAND, FL 33810 US
	e named entity submits this statement for the p e of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	05/04/2008
	Electronic Signature of Registered Age	nt Date
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECTORS: P () Delete WILCOX, ANTIONETTE DR 1304 CINNAMON WAY WEST LAKELAND, FL 33801 US	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P (X) Change () Addition Name: WILCOX, ANTIONETTE DR Address: 3757 HAMPTON HILLS DRIVE City-St-Zip: LAKELAND, FL 33810 US
Γitle:		
Address:	VP () Delete WILLIAMS, TRUDY 1328 ALAMEDA DRIVE SOUTH LAKELAND, FL 33805 US	Title: () Change () Addition Name: Address: City-St-Zip:
Address: City-St-Zip: Fitle: Name: Address:	WILLIAMS, TRUDY 1328 ALAMEDA DRIVE SOUTH	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WILLIAMS, TRUDY 1328 ALAMEDA DRIVE SOUTH LAKELAND, FL 33805 US T (X) Delete WILCOX, BYRON C 1304 CINNAMON WAY WEST	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	WILLIAMS, TRUDY 1328 ALAMEDA DRIVE SOUTH LAKELAND, FL 33805 US T (X) Delete WILCOX, BYRON C 1304 CINNAMON WAY WEST LAKELAND, FL 33801 US S () Delete WILLIAMS, BEVERLY 5858 DEER FLAG DRIVE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: WILLIAMS, BEVERLY Address: 5858 DEER FLAG DRIVE

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: ANTIONETTE WILCOX P 05/04/2008