

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007624

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

3757 HAMPTON HILLS DRIVE
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

3757 HAMPTON HILLS DRIVE
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 20-1433554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, ANTIONETTE
3757 HAMPTON HILLS DRIVE
LAKELAND, FL 33810 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: WILCOX, ANTIONETTE DR
Address: 3757 HAMPTON HILLS DRIVE
City-St-Zip: LAKELAND, FL 33810 US

Title: VP () Delete
Name: WILLIAMS, TRUDY
Address: 1328 ALAMEDA DRIVE SOUTH
City-St-Zip: LAKELAND, FL 33805 US

Title: D (X) Delete
Name: WILLIAMS, BEVERLY
Address: 5858 DEER FLAG DRIVE
City-St-Zip: LAKELAND, FL 33811 US

Title: D (X) Delete
Name: KESLER, KENNETH
Address: 3090 MISSION OAKS TRAIL
City-St-Zip: BARTOW, FL 33830

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:

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

04/28/2009

Electronic Signature of Signing Officer or Director

Date