

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007624

**FILED**  
**Mar 12, 2012**  
**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  
**Name:** WILCOX, ANTIONETTE EDD.  
**Address:** 3757 HAMPTON HILLS DRIVE  
**City-St-Zip:** LAKELAND, FL 33810 US

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

**Title:** T  
**Name:** ALDERMAN, LYDIA  
**Address:** 1685 VERONA DRIVE  
**City-St-Zip:** BARTOW, FL 33830

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:** ANTIONETTE WILCOX

P

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date