

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008849

FILED
Apr 30, 2011
Secretary of State

Entity Name: ASSEMBLY ON LITERATURE FOR ADOLESCENTS OF THE NCTE, INC.

Current Principal Place of Business:

83 CREED CIRCLE
CAMPBELL, OH 44405 US

New Principal Place of Business:

Current Mailing Address:

P. O BOX 234
CAMPBELL, OH 44405 US

New Mailing Address:

FEI Number: 90-0066810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAYWELL, JOAN F DR.
1303 N. RIVERHILL DR.
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

KAYWELL, JOAN F DR.
12307 KELLY LANE
THONOTOSASSA, FL 33592 US

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:

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GLENN, WENDY DR.
Address: 249 GLENBROOK ROAD
City-St-Zip: STORRS, CT 06269 US

Title: VP
Name: BOTT, CHRISTINA
Address: 34640 SHERBROOK PARK DR.
City-St-Zip: SOLON, OH 44139 US

Title: ESEC
Name: LESESNE, TERI DR.
Address: 70 APRIL POINT NORTH
City-St-Zip: MONTGOMERY, TX 77356 US

Title: TREA
Name: FORD, MARGARET J MS.
Address: 83 CREED CIRCLE
City-St-Zip: CAMPBELL, OH 44405 US

Title: MSEC
Name: KAYWELL, JOAN K DR.
Address: 12307 KELLY LANE
City-St-Zip: THONOTOSASSA, FL 33592 US

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: MARGARET J. FORD

TREA

04/30/2011

Electronic Signature of Signing Officer or Director

Date