

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009007

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE NATIONAL ALLIANCE OF COMMUNITY AND TECHNICAL COLLEGES INC.

Current Principal Place of Business:

1601 S. MIAMI AVE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1601 S. MIAMI AVE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 86-1152954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKS, ARVA
1601 S MIAMI AVE
MIAMI, FL 33129 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: DR () Delete
Name: BUTLER, TERRY
Address: 2900 COMMUNITY COLLEGE AVE
City-St-Zip: CLEVELAND, OH 44115

Title: D () Delete
Name: BRYANT, THERESA
Address: 300 GRANBY STREET, 5TH FLOOR
City-St-Zip: NORFOLK, VA 23510

Title: ED () Delete
Name: MCCABE, ROBERT
Address: 1601 S MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: DR () Delete
Name: BRUNS, JAMES
Address: PELLISSIPPI STATE TECHNICAL COMMUNITY COLL
City-St-Zip: KNOXVILLE, TN 37933

Title: D () Delete
Name: GREEN, DONALD
Address: 501 WEST STATE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: LOPEZ-MOLINA, GENEROSA
Address: 1005 ABBE ROAD NORTH
City-St-Zip: ELYRIA, OH 44035

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
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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: ROBERT MCCABE

DR

04/22/2009

Electronic Signature of Signing Officer or Director

Date