

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009007

FILED
Mar 15, 2011
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
Name: BUTLER, TERRY
Address: 2900 COMMUNITY COLLEGE AVE
City-St-Zip: CLEVELAND, OH 44115

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

Title: DR
Name: MCCABE, ROBERT
Address: 1601 S MIAMI AVE
City-St-Zip: MIAMI, FL 33129

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

Title: DR
Name: GREEN, DONALD
Address: 501 WEST STATE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: DR
Name: LOPEZ-MOLINA, GENEROSA
Address: 1005 ABBE ROAD NORTH
City-St-Zip: ELYRIA, OH 44035

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: ROBERT MCCABE

DR

03/15/2011

Electronic Signature of Signing Officer or Director

Date