

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010727

FILED  
May 01, 2009  
Secretary of State

Entity Name: TEACHERS' ACTION GROUP, INC.

## Current Principal Place of Business:

C/O MS. L. BEACHALLEN  
18707 NE 2ND AVE.  
MIAMI, FL 33179 US

## New Principal Place of Business:

## Current Mailing Address:

C/O MS. LORNA BEACH-MATHURA  
P.O. BOX 246763  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

C/O MS. LORNA BEACH-MATHURA  
P.O. BOX 246763  
PEMBROKE PINES, FL 33024 US

FEI Number: 20-4783448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MS. BEACHALLEN, LISA  
18707 NE 2ND AVE.  
MIAMI, FL 33179 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: PTD ( ) Delete  
Name: MS. BEACH-MATHURA, LORNA  
Address: 7972 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD ( ) Delete  
Name: MR. MUTIS, LEOPOLDO  
Address: 4001 NORTH 67 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: MR. COLLINS, PATRICK E  
Address: 11761 SW 177 TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: ASD ( ) Delete  
Name: MS. SHETTLEWOOD, JULIA  
Address: 2601 NW 204 ST.  
City-St-Zip: MIAMI, FL 33056

Title: SD ( ) Delete  
Name: MS. BEACHALLEN, LISA  
Address: 18707 NE 2ND AVE.  
City-St-Zip: MIAMI, FL 33179

## 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:

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: MS. LORNA BEACH-MATHURA, B.A., M.P.A.

PTD

05/01/2009

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

\_\_\_\_\_  
Date