

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003211

FILED
May 03, 2010
Secretary of State

Entity Name: NATIONAL TRANSREGIONAL ACCREDITING ASSOCIATION COUNCIL, INC.

Current Principal Place of Business:

836 W. MONTROSE ST
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 585477
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 80-0389028 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PIERRE-LOUIS, MICHELE
5210 VATICAN AVE
ORLANDO, FL 32810 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: VP
Name: PIERRE-LOUIS, MICHELE
Address: 5210 VATICAN AVE
City-St-Zip: ORLANDO, FL 32810

Title: VP
Name: DELINX, MERALUS
Address: P.O.BOX: 136797
City-St-Zip: CLERMONT, FL 34713

Title: TR
Name: TARDIEU, RIDORE DR.
Address: P. O. BOX 585477
City-St-Zip: ORLANDO, FL 32858

Title: S
Name: CHRISTINE, CAREY
Address: 5298 N ORANGE BLOSSOM TRAIL UNIT 103
City-St-Zip: ORLANDO, FL 32810

Title: P
Name: HARVEY, CHRISTINE
Address: 2925 GRACE STREET
City-St-Zip: APOPKA, FL 32858

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: CHRISTINE CAREY

S

05/03/2010

Electronic Signature of Signing Officer or Director

Date