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: New Principal Place of Business:

836 W. MONTROSE ST CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

P. O. BOX 585477 ORLANDO, FL 32858

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: Name and Address of New Registered Agent:

PIERRE-LOUIS, MICHELE 5210 VATICAN AVE ORLANDO, FL 32810 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:

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: 5

Name: CHRISTINE, CAREY

Address: 5298 N ORANGE BLOSSOM TRAIL UNIT 103

City-St-Zip: ORLANDO, FL 32810

Title: F

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