

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 20 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19648 (7)

1. Corporation Name

T.R.A.A. EDUCATION FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1987	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2872191	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business Mailing Address
2200 MILL RD ALEXANDRIA VA 22314-4677 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLD RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	DOHANEY, LYNN	1.2 NAME	
STREET ADDRESS	2044 W. WELDON AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PHOENIX - AZ	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BLAKELEY, CAROLYN	2.2 NAME	
STREET ADDRESS	4334 SHERIDAN LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO, CALF.	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	MORRISON, JEFFREY M.	3.2 NAME	
STREET ADDRESS	662 IVY LEAGUE LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKVILLE MD	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	☒ Change ☐ Addition
NAME	MCKIBBIN, LOY	4.2 NAME	
STREET ADDRESS	1218 S. MAIN STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	ELKHART IN	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

T.S. 2/20/95

*12 Cottage Field Court
Germantown, MD 20870*

*P
Roger Coffey
4534 Poplar Level Rd.
Louisville, KY 40213*

\$ Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey M. Morrison* **JEFFREY M. MORRISON** 1-18-95 703 839-1897