

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90031 021 \*\*\*\*61.25

**DOCUMENT # N19648**

1. Corporation Name

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

Principal Place of Business

2200 MILL RD  
ALEXANDRIA VA 22314-4677  
US

Mailing Address

2200 MILL RD  
ALEXANDRIA VA 22314-4677  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/12/1987**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2872191**

Applied For  
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SO PINE ISLD RD  
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **D LEWIS, JOHN**  
STREET ADDRESS **903 J PLACE**  
CITY-ST-ZIP **PLANO TX 75074**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Dewey Farrington**  
1.3 STREET ADDRESS **1001 SW 3RD**  
1.4 CITY-ST-ZIP **OKLAHOMA City, OK**

TITLE ☒ DELETE  
NAME **D HADLEY, DONNA**  
STREET ADDRESS **1771 GRANVILLE CT.**  
CITY-ST-ZIP **MEDFORD CT. 97504**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **SAM Brewer**  
2.3 STREET ADDRESS **820 S. BROAD ST.**  
2.4 CITY-ST-ZIP **BROOKSVILLE, FL**

TITLE ☐ DELETE  
NAME **D COLLEY, HARRIET S**  
STREET ADDRESS **2200 MILL ROAD**  
CITY-ST-ZIP **ALEXANDRIA VA 22314**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Cooley HARRIET S.**  
3.3 STREET ADDRESS **2200 MILL RD**  
3.4 CITY-ST-ZIP **Alexandria, VA 22314**

TITLE ☐ DELETE  
NAME **D HADLEY, DONNA**  
STREET ADDRESS **1771 GRANVILLE CT**  
CITY-ST-ZIP **MEDFORD, OR 97504**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **MAYNARD HADLEY CT**  
4.3 STREET ADDRESS **1771 GRANVILLE CT**  
4.4 CITY-ST-ZIP **MEDFORD, OR 97504**

TITLE ☐ DELETE  
NAME **D HADLEY, DONNA**  
STREET ADDRESS **1771 GRANVILLE CT**  
CITY-ST-ZIP **MEDFORD, OR 97504**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **DONNA HADLEY**  
5.3 STREET ADDRESS **1771 GRANVILLE CT**  
5.4 CITY-ST-ZIP **MEDFORD, OR 97504**

TITLE ☐ DELETE  
NAME **D HADLEY, DONNA**  
STREET ADDRESS **1771 GRANVILLE CT**  
CITY-ST-ZIP **MEDFORD, OR 97504**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **Donna Hadley** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99 703-838-1895

Date Daytime Phone #

CR2E037 (5/99)