

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N93000003014 (8)

1. Corporation Name

GO. TEACH. GLOBAL, INCORPORATED

95 MAY -1 AM 9:11

Principal Place of Business

4702 FLATBUSH AVENUE
SARASOTA FL 34233

Mailing Address

POST OFFICE BOX 8847
PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

06/22/1994

4. FEI Number

65-0411378

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO Box 19617

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

HANNON, CINDY
4702 FLATBUSH AVENUE
SARASOTA FL 34233

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME TRIEGAARDT, MARTINUS L
STREET ADDRESS 8745 SW 58TH ST
CITY - ST - ZIP COOPER CITY FL 33328

TITLE

NAME D SPOONTS, JAMES H
STREET ADDRESS 1180 NW 90TH TERR
CITY - ST - ZIP PEMBROKE PINES FL 33024

TITLE

NAME ORR, LOWELL L
STREET ADDRESS 12318 W DIXIE HWY
CITY - ST - ZIP N MIAMI FL 33161

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PD

2932 Wood Pine Circle
SARASOTA FL 34231

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

D

David Hannon
4702 Flatbush Ave
SARASOTA FL 34233

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

DT

Cindy Hannon
4702 Flatbush Ave
SARASOTA FL 34233

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTINUS L TRIEGAARDT
President

Date

4/24/95 925 0743

Daytime Phone #