

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 PM 12:16

DOCUMENT # **N93000003675 (6)**

1. Corporation Name

TEACH, THE EDUCATORS' ASSOCIATION FOR CHILDRENS' HOME-SCHOOLING, INC.

Principal Place of Business

Mailing Address

1732 NE 174TH STREET
NORTH MIAMI BEACH FL 33162

1732 NE 174TH STREET
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized
08/11/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0440260

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

2a. Mailing Address

21 **1230 NE 204 St**

26 **1230 NE 204 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Miami FL**

28 **Miami FL**

Zip

Country

Zip

Country

24 **33179**

25 **1**

29 **33179**

30 **09de**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLOVER, SHARI
1732 NE 174TH STREET
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1230 NE 204 Street

83

84 City
Miami

85 State
FL

86 Zip Code
33179

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	PRENTICE, JAN
STREET ADDRESS	10335 NW 5TH AVE
CITY - ST - ZIP	MIAMI FL 33150
TITLE	VD
NAME	REDDING, TONDA S
STREET ADDRESS	733 NE 74 STREET
CITY - ST - ZIP	MIAMI FL 33138
TITLE	DT
NAME	COLLETTA, PAMELA
STREET ADDRESS	1601 NE 180 STREET
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	D
NAME	MISHKIN, SALLY
STREET ADDRESS	1240 NE 153 STREET
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	D
NAME	MARTIN, DANIELLE
STREET ADDRESS	1005 NE 143 STREET
CITY - ST - ZIP	NO MIAMI BEACH FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Glover, Shari	
13 STREET ADDRESS	1732 NE 174 street	
14 CITY - ST - ZIP	North Miami Beach, FL 33162	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hurtak Krishna	
33 STREET ADDRESS	10850 North Bayshore Drive	
34 CITY - ST - ZIP	Miami, FL 33162	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Notergucomo, Lamarre	
43 STREET ADDRESS	770 NE 146 street	
44 CITY - ST - ZIP	North Miami, FL 33161	
51 TITLE	Notergucomo, Lamarre	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Arce, Debra	
63 STREET ADDRESS	11132 Peachtree Drive	
64 CITY - ST - ZIP	Miami, FL 33161	

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)(b), Florida Statutes. I further certify that the information included 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: *Shari Glover*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/95
Lm
(305) 947-6840
(Official Use)