FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N93000003675 (6) DOCUMENT # 1. Corporation Name

TEACH, THE EDUCATORS' ASSOCIATION FOR CHILDRENS'

HOME-SCHOOLING, INC.								
Principal Place of Business Mailing Address						E HANDERING NIN ENINN DEUTE NOTE IN NATUR A	THUL BOOM MONTE INTE DIS	
1230 NE 204 ST 1230 NE 204 ST MIAMI FL 33179 US US								
						3. Date Incorporated or Qualified 08/11/1993	3a. Date of Last 04/06/1	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	- · · · · · · · · · · · · · · · · · · ·	26				65-0440260		Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additionat Required
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	l			This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	30		Florida Statutes		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
			- 6	31	Name			
GLOVER, 1230 NE			ī	32	Street Address	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL			Ī	33		The state of the s		
			1	34	City	 	- 85 Zi	p Code
				1	•		FL	
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	Colon Many S	6						
	Signature, typed or printed name of registered agent			gent s	ignature required wh		DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	CD CLOSED OLLAR!	DELETE	1.1 TITL				Change	Addition
NAME	GLOVER, SHARI		1.2 NAN	ME.				
STREET ADDRESS	1732 NE 174 ST		1.3 STR	EET AL)DRESS			
CITY-ST-ZIP	MIAMI FL	A Contract	1.4 CITY				1	A dates
TITLE	VD	DELETE	2.1 TITL		ND'		Y Change	☐ Addition
NAME	REDDING, TONDA S		2.2 NAM		05	bornijo		
STREET ADDRESS	MIANN EL 00400		2.3 STR		1 -	o netio st		
CITY-ST-ZIP	MIAMI FL 33138			Y • ST-		umi, FL 33161	(T)	CD Addison
TITLE	DT HIDTAK KDISTINIA	DELETE	3.1 TITE		DT		Change	☐ Addition
NAME	HURTAK, KRISTINA 10850 N BAYSHORE DR		3.2 NAN		On	en, Kim a NE 1435 ^t		
STREET ADDRESS	MIAMI FL		3.3 STR		ORESS 165	3 NE 1733,		
CITY-ST-ZIP TITLE	D DINAMI LE	DELETE	3 4. CIT		ZIP MIC	imi, FL 33181	Change	Addition
NAME	NOTERGIACOMO, LAMARRE	Приси	4.1 TITL 4.2 NA		E.I	av. Nana-1	Z Charge	
	770 NE 146 ST			-	200000 12.	ar, Nancy		
STREET ADDRESS	NORTH MIAMI BEACH FL		4 3 STR		JUNESS 1136	5 W 73 St		
CITY-ST-ZIP TITLE	D DON'TT MINIMI DENOTITE	DELETE	4.4 CIT)		TIL 12/10	lean, PL 33014	Change	Addition
NAME	MARTIN, DANIELLE		5 1 TITL		lO		TAL CURING	☐ Modified
	1005 NE 143 STREET		5.2 NAM 5.3 STR			sholm,Alexq 30 NW 1915+		
STREET ADDRESS	NO MIAMI BEACH FL 33161							
CITY-ST-ZIP TITLE	D MIAMI DEACH TE 33101	DELETE	5 4 CITY 6 1 TITL		ZIP MIC	1mi, PL 33015	☐ Change	Addition
NAME	ARCE, DEBRA	Пресене	6.2 NAM					
STREET ADDRESS	11132 PEACHTREE DR				OUBCCC			
1	MIAMI FL		6 3 STR					
CITY-ST-ZIP	MINAMI I F		6.4 CITY	-51-	ZIP I			I

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 119.07(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:

Daytime Phone #