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Apr 30 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N93000003675 (6)

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



Principal Place of Business Mailing Address  
1230 NE 204 ST MIAMI FL 33179 US  
1230 NE 204 ST MIAMI FL 33179-2636 US

3. Date Incorporated or Qualified 08/11/1993  
3a. Date of Last Report 02/26/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 10335 N.W. 5th Ave.  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 Miami, FL  
24 Zip 25 Country 29 33150 30 USA

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
GLOVER, SHARI  
1230 NE 204 ST  
MIAMI FL 33179

10. Name and Address of New Registered Agent  
81 Name L. Danielle Martin  
82 Street Address (P.O. Box Number is Not Acceptable) 1005 N. E. 143 St.  
83  
84 City North Miami FL 85 Zip Code 33161

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 617.0508, Florida Statutes.  
SIGNATURE L. Danielle Martin L. Danielle Martin 2-12-97  
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                      | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GLOVER, SHARI                                 | 1.2 NAME  | Martin, Danielle  |
| STREET ADDRESS             | 1732 NE 174 ST                                | 1.3 STREET ADDRESS                                    | 1005 N.E. 143 St.   |
| CITY-ST-ZIP                | MIAMI FL                                      | 1.4 CITY-ST-ZIP                                       | N. Miami, FL 33161  |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OSBORN, JO                                    | 2.2 NAME  | Arce, Debra   |
| STREET ADDRESS             | 400 NE 110TH STREET                           | 2.3 STREET ADDRESS                                    | 11132 Peachtree Dr.   |
| CITY-ST-ZIP                | MIAMI FL                                      | 2.4 CITY-ST-ZIP                                       | Miami, FL 33161   |
| TITLE                      | DT <input type="checkbox"/> DELETE            | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | OWENS, KIM                                    | 3.2 NAME  | Prentice, Jan   |
| STREET ADDRESS             | 1652 NW 143ND STREET                          | 3.3 STREET ADDRESS                                    | 10335 N.W. 5th Ave.   |
| CITY-ST-ZIP                | MIAMI FL                                      | 3.4 CITY-ST-ZIP                                       | Miami, FL 33150   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | MILLAR, NANCY                                 | 4.2 NAME  | Arwell, Phyllis   |
| STREET ADDRESS             | 1565 WEST 73RD STREET                         | 4.3 STREET ADDRESS                                    | 565 NW 139 Terr   |
| CITY-ST-ZIP                | HIALEAH FL                                    | 4.4 CITY-ST-ZIP                                       | North Miami, FL 33168   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | CHISHOLM, ALEXA                               | 5.2 NAME  | Torres, Linda   |
| STREET ADDRESS             | 8850 NW 191ST STREET                          | 5.3 STREET ADDRESS                                    | 12325 SW. 35 Terr   |
| CITY-ST-ZIP                | MIAMI FL                                      | 5.4 CITY-ST-ZIP                                       | Miami, FL 33175   |
| TITLE                      | D <input type="checkbox"/> DELETE             | 6.1 TITLE   |   |
| NAME                       | ARCE, DEBRA                                   | 6.2 NAME  |   |
| STREET ADDRESS             | 11132 PEACHTREE DR                            | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                                      | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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.

SIGNATURE: Danielle Martin Danielle Martin 3/3/97 305-947-4645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033241

CR2E037 (9/96)