

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003675 (6)
1. Corporation Name
TEACH, THE EDUCATORS' ASSOCIATION FOR CHILDRENS' HOME-SCHOOLING, INC.



Principal Place of Business 1230 NE 204 ST MIAMI FL 33179 US	Mailing Address 1230 NE 204 ST MIAMI FL 33179 US
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3. Date Incorporated or Qualified
08/11/1993

4. FEI Number
65-0440260

Applied For	Not Applicable
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2. Principal Place of Business 21 10335 N.W. 5th Ave Suite, Apt. #, etc.	2a. Mailing Address 26 1230 NE 204 ST Suite, Apt. #, etc.
22 City & State 23 Miami, FL	27 City & State 28 Miami, FL
24 Zip 33150	25 Country Dade
29 Zip 33179	30 Country Dade

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**MARTIN, L. D
D1005 N.E. 143 ST.
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name Prentice, Jan
82 Street Address (P.O. Box Number is Not Acceptable) 10335 NW 5th Avenue
83 N
84 City Miami
85 Zip Code FL 33150

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 **Jan Prentice, Chairman** *Jan Prentice* **4/24/98**
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 MARTIN, DANIELLE		1.2 NAME Prentice, Jan	
STREET ADDRESS 1005 N.E. 143 ST.		1.3 STREET ADDRESS 10335 NW 5th Ave	
CITY-ST-ZIP N. MIAMI FL		1.4 CITY-ST-ZIP Miami FL 33150	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARCE, DEBRA		2.2 NAME Chisholm, Alexa	
STREET ADDRESS 11132 PEACHTREE DR.		2.3 STREET ADDRESS 8850 NW 191 Street	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33018	
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWENS, KIM		3.2 NAME Glover, Shari	
STREET ADDRESS 1652 NW 143ND STREET		3.3 STREET ADDRESS 1230 NE 204 ST	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, FL 33179	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATWELL, PHYLLIS		4.2 NAME Schroder, Teresa	
STREET ADDRESS 565 N.W. 139 TERR		4.3 STREET ADDRESS 10601 NW 6th Ave	
CITY-ST-ZIP N. MIAMI FL		4.4 CITY-ST-ZIP Miami, FL 33150	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORRES, LINDA		5.2 NAME Dunne, Marsha	
STREET ADDRESS 12325 S.W. 35 TERR		5.3 STREET ADDRESS 19536 NW 55th Cirde	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami, FL 33055	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARCE, DEBRA		6.2 NAME Urdaneta, Anntoinette	
STREET ADDRESS 11132 PEACHTREE DR		6.3 STREET ADDRESS 6215 NW 170th Terrace	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP Miami, FL 33015	

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.

SIGNATURE: **Shari Glover** *Shari Glover* **4/23/98** **(305)652-2157**

CR2E037 (10/97)