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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003675

1. Corporation Name

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

Principal Place of Business

10335 NW 5TH AVE
 MIAMI FL 33150
 US

Mailing Address

1230 NE 204 ST
 MIAMI FL 33179
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/11/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0440260	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required.	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country	Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent

PRENTICE, JAN
 10335 NW 5TH AVE
 MIAMI FL 33150

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRENTICE, JAN	1.2 NAME	
STREET ADDRESS	10335 NW 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, ALEXA	2.2 NAME	Urdaneta, Anntoinette
STREET ADDRESS	8850 NW 191 ST	2.3 STREET ADDRESS	6215 NW 170th Terrace
CITY-ST-ZIP	MIAMI FL 33018	2.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, SHARI	3.2 NAME	
STREET ADDRESS	1230 NE 204 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, TERESA	4.2 NAME	
STREET ADDRESS	10601 NW 6TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNNE, MARSHA	5.2 NAME	Owen Kim
STREET ADDRESS	19536 NW 55TH CIRCLE	5.3 STREET ADDRESS	1640 NE 171st
CITY-ST-ZIP	MIAMI FL 33055	5.4 CITY-ST-ZIP	N, Miami Beach, FL 33162
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URDANETA, ANNTOINETTE	6.2 NAME	Tarasjuk, Chris
STREET ADDRESS	6215 NW 170TH TERR	6.3 STREET ADDRESS	6954 Bottle Brush Drive
CITY-ST-ZIP	MIAMI FL 33015	6.4 CITY-ST-ZIP	Miami Lakes, FL 33014

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, with all other like empowered.

SIGNATURE: Sharon Glover RESIGNED Shari Glover DT 1/25/99 305-652-2157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)