

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90230 021 ****61.25

DOCUMENT # N93000003675

1. Entity Name

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

Principal Place of Business

Mailing Address

41 NE 165 STREET
 MIAMI FL 33162
 US

41 NE 165 STREET
 MIAMI FL 33162
 US

80005530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0440260

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAGAILLE, LINDA
 41 NE 165 STREET
 MIAMI FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Linda Sagaille

1/7/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	ARCE, DEBRA	
STREET ADDRESS	11132 PEACHTREE DR.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHISHOLM, ALEXA	
STREET ADDRESS	8850 NW 191 ST.	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAGAILLE, LINDA	
STREET ADDRESS	41 NE 165 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	S	<input type="checkbox"/> Delete
NAME	MISHKIN, SALLY	
STREET ADDRESS	1240 NW 15351	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	URDANETTA, ANTIONETTE	
STREET ADDRESS	14901 FEATHERSTONE WAY	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARASIUK, CHRISTINE	
STREET ADDRESS	6954 BOTTLE BRUSH DR	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Sagaille TREASURER/BOOKKEEPER

1/7/02 305-948-3796

CR2E037 (9/01)