


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90054 037 \*\*\*\*61.25

**DOCUMENT # N93000003675**

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



Principal Place of Business  
**41 NE 165 STREET**  
**MIAMI, FL 33162 US**

Mailing Address  
**41 NE 165 STREET**  
**MIAMI, FL 33162 US**

2. Principal Place of Business  
**821 NE 109 STREET**

3. Mailing Address  
**821 NE 109 STREET**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33161** Country  
**USA**

Zip  
**33161** Country  
**USA**



03182005 Chg-NP CR2E037 (10/03)

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  
**SAGAILLE, LINDA**  
**41 NE 165 STREET**  
**MIAMI, FL 33162**

7. Name and Address of New Registered Agent

Name  
**ELENA NUÑEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**821 NE 109 STREET**

City  
**MIAMI** FL Zip Code  
**33161**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elena V. Nuñez* **3/18/05**  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MUNIZ, LISETTE 8931 NW 162 TERR HIALEAH, FL 33018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHRODER, TERRY 10601 NW 6TH AVE MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAGAILLE, LINDA 41 NE 165 ST MIAMI, FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MISHKIN, SALLY 1240 NW 15351 NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URDANETTA, ANTIONETTE 14901 FEATHERSTONE WAY DAVIE, FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUÑEZ, ELENA NE 109 ST MIAMI, FL 33161 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARY OXAR 1200 NE 133 ST NORTH MIAMI FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRISTINE TARASLUK 6954 BOTTLE BRUSH DR MIAMI LAKES FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELENA NUÑEZ 821 NE 109 ST MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWN GEORGE 8101 NW 181 ST MIAMI, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXA CHISHOLM 8850 NW 191 ST MIAMI FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBIE DRAKE 6945 GLEN EAGLE DR. MIAMI LAKES, FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Elena V. Nuñez* **ELENA V. NUÑEZ** **3/18/05** **305-893-6967**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #