


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 015 ****61.25

DOCUMENT # N93000003675					
1. Entity Name TEACH, THE EDUCATORS' ASSOCIATION FOR CHILDRENS' HOME-SCHOOLING, INC.					
Principal Place of Business		Mailing Address			
821 NE 109 STREET MIAMI, FL 33161 US		821 NE 109 STREET MIAMI, FL 33161 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0440260	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NUNEZ, ELENA 821 NE 109 STREET MIAMI, FL 33161			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OXAR, MARY		NAME	FOLDES, MARGARET	
STREET ADDRESS	1220 NE 133 ST		STREET ADDRESS	902 NE 113 ST	
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP	BISCAYNE PARK, FL 33161	
TITLE	S	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DEANN		NAME		
STREET ADDRESS	2385 NE 185 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33180		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, ELENA		NAME		
STREET ADDRESS	821 NE 109 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDER, JEANNETTE		NAME	GAURA, JANE	
STREET ADDRESS	385 NE 89 ST		STREET ADDRESS	705 SHARAR AVE.	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	OPA-LOCLA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURAN, ROSY		NAME	MANZUETA, KARLA	
STREET ADDRESS	9324 CARLYLE AVE		STREET ADDRESS	21387 NW 40 CIR. CT	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	MIAMI, FL 33055	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Elena J. Nunez</i>			Date: <i>4/16/07</i>		Daytime Phone #: <i>305 893-6967</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>