

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90816 002 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	CD ARCE, DEBRA 11132 PEACHTREE DR. MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME	CD LISETTE MUNIZ 8931 NW 162 Terr. MIAMI FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	VD CHISHOLM, ALEXA 8850 NW 191 ST. MIAMI FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME	VD Terry Schroder 10601 NW 6th Ave MIAMI FL 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	T / Bookkeeper SAGAILLE, LINDA 41 NE 165 ST MIAMI FL 33162 <input type="checkbox"/> Delete	TITLE NAME	D Elena Nunez 821 NE 109 ST. Biscayne Park, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	S MISHKIN, SALLY 1240 NW 15351 NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D URDANETTA, ANTIONETTE 14901 FEATHERSTONE WAY DAVIE FL 33331 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D TARASIUK, CHRISTINE 6954 BOTTLE BRUSH DR MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

305-948-3796

CR2E037 (10/02)