

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002473

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** ASSOCIATION OF FLORIDA TEACHERS OF JAPANESE, INC.

**Current Principal Place of Business:**

22024 FLANDERS CT.  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

22024 FLANDERS CT.  
BOCA RATON, FL 33428 US

**New Mailing Address:**

22024 FLANDERS CT.  
BOCA RATON, FL 33428

**FEI Number:** 65-0736012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUENCH, MARCIA N  
22024 FLANDERS CT.  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MUENCH, MARCIA N  
Address: 22024 FLANDERS CT.  
City-St-Zip: BOCA RATON, FL 33428 US

Title: VD ( ) Delete  
Name: COLLAZO, WILLIAM  
Address: 7015 NW 98 TERR.  
City-St-Zip: TAMARAC, FL 33321 US

Title: SD ( ) Delete  
Name: COLLAZO, WILLIAM  
Address: 7015 NW 98 TERR.  
City-St-Zip: TAMARAC, FL 33321 US

Title: TD ( ) Delete  
Name: MUENCH, WARREN J  
Address: 22024 FLANDERS CT.  
City-St-Zip: BOCA RATON, FL 33428 US

Title: BD ( ) Delete  
Name: AVELLO, MIEKO  
Address: 14330 SW 68TH ST.  
City-St-Zip: MIAMI, FL 33183 US

Title: BD ( ) Delete  
Name: WATANABE, HIROKO  
Address: 502 SAN JOSE PL.  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA N. MUENCH

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date