

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90049 038 ****61.25

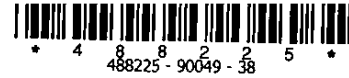
DOCUMENT # P17147

1. Corporation Name

NATIONAL TEACHERS BENEFIT ASSOCIATION, INC.

Principal Place of Business
4949 KELLER SPRINGS RD.
DALLAS TX 75248-5910

Mailing Address
4949 KELLER SPRINGS RD.
DALLAS TX 75248-5910



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

Addison, TX

24 Zip Country
75001

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Addison, TX

28 Zip Country
75001

3. Date Incorporated or Qualified

12/11/1987

4. FEI Number

23-7451000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ELLARD, BILL J.
STREET ADDRESS 5220 SPRING VALLEY #400
CITY-ST-ZIP DALLAS TX

TITLE D ☐ DELETE

NAME MARTIN, RAYMOND J.
STREET ADDRESS 5220 SPRING VALLEY ROAD, #400
CITY-ST-ZIP DALLAS TX

TITLE TSD ☐ DELETE

NAME LANGHAM, JAMES T., JR.
STREET ADDRESS 5220 SPRING VALLEY #400
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4949 Keller Springs Road
1.4 CITY-ST-ZIP Addison, TX 75001

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4949 Keller Springs Road
2.4 CITY-ST-ZIP Addison, TX 75001

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 4949 Keller Springs Road
3.4 CITY-ST-ZIP Addison, TX 75001

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Langham, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec./Treas.

4/27/99

Date

(972) 532-2100

Daytime Phone #

CR2E037 (11/98)