


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P17147
 1. Entity Name
NATIONAL TEACHERS BENEFIT ASSOCIATION, INC.



Principal Place of Business 4949 KELLER SPRINGS RD. ADDISON, TX 75001	Mailing Address 4949 KELLER SPRINGS RD. ADDISON, TX 75001
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7451000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPITOL CORPORATE SERVICES, INC.
 1333 NORTH DUVAL STREET
 TALLAHASSEE, FL 32303

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLARD, BILL J. 4949 KELLER SPRINGS ROAD ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, RAYMOND J. 4949 KELLER SPRINGS ROAD ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LANGHAM, JAMES T., JR. 4949 KELLER SPRINGS ROAD ADDISON, TX 75001
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 01/26/04-80049-011 61.25

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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: James T. Langham 01/20/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #