

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008270

**Entity Name:** TEACHTECH INCORPORATED

**Current Principal Place of Business:**

7320 NE BAY COVE CT  
BOCA RATON, FL 33487

**Current Mailing Address:**

7320 NE BAY COVE CT  
BOCA RATON, FL 33487 US

**FEI Number:** 47-5008015

**Certificate of Status Desired:** No

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

SCHILLER, GABRIELA  
7320 NE BAY COVE CT  
BOCA RATON, FL 33487 US

*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

**Officer/Director Detail :**

Title P  
Name SCHILLER, ANDREA  
Address 299 FREMONT ST  
TH311  
City-State-Zip: SAN FRANCISCO CA 94105

Title S  
Name SCHILLER, GABRIELA  
Address 7320 NE BAY COVE CT  
City-State-Zip: BOCA RATON FL 33487

Title D  
Name SCHILLER, NICOLE  
Address 7320 NE BAY COVE CT  
City-State-Zip: BOCA RATON FL 33487

Title D  
Name SCHILLER, KYLE  
Address 7320 NE BAY COVE CT  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name SCHILLER, MONICA  
Address 7320 NE BAY COVE CT  
City-State-Zip: BOCA RATON FL 33487

*I hereby 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 all other like empowered.*

**SIGNATURE:** GABRIELA SCHILLER

S

01/19/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date