

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002011

Entity Name: TECHNOLOGY EDUCATION RESEARCH REDESIGN ALLIANCE, INC.**FILED**
Mar 20, 2020
Secretary of State
5816141070CC**Current Principal Place of Business:**5435 DEFOOR FERRY RD
TALLAHASSEE, FL 32309**Current Mailing Address:**P.O. BOX 12848
TALLAHASSEE, FL 32317 US**FEI Number: 59-3388610****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ORTEGA, JORGE
5435 DEFOORS FERRY RD.
TALLAHASSEE, FL 32309 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: JORGE ORTEGA****03/20/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title CHAIRMAN
Name NANN, LARRY
Address 3016 CUNARD DRIVE
City-State-Zip: VALRICO FL 33594Title TREASURER
Name REECE, RICK
Address 4911 TYLER STREET
City-State-Zip: HOLLYWOOD FL 33021Title COO
Name ORTEGA, JORGE
Address 5435 DEFOOR FERRY RD
City-State-Zip: TALLAHASSEE FL 32309Title DIRECTOR
Name PETERSON, COLLEEN
Address 958 SW WHITTIER TERRACE
City-State-Zip: PORT ST. LUCIE FL 34953Title SECRETARY
Name MATHISON, ALAN
Address 281 SW AIRVIEW AVENUE
City-State-Zip: PORT ST. LUCIE FL 34984Title DIRECTOR
Name KOHLER, TRACI
Address 2127 IMPERIAL CIRCLE
City-State-Zip: NAPLES FL 34110

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: JORGE ORTEGA**COO****03/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date