

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718291 (8)

1. Corporation Name

ADULT LITERACY LEAGUE, INC.



Principal Place of Business: 824 N MAGNOLIA AVE SUITE 307 ORLANDO FL 32803 US
Mailing Address: 924 N MAGNOLIA AVE SUITE 307 ORLANDO FL 32803 US

3. Date Incorporated or Qualified: 03/30/1970
3a. Date of Last Report: 05/01/1995
4. FEI Number: 23-7076600
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: TYSON, RON, 1701 PALMER AVENUE, WINTER PARK FL 32789
10. Name and Address of New Registered Agent (81-85): Sublette, Melissa, 8473 Island Palm Circle, Orlando, FL 32835

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] DATE: 5/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: TYSON, RON	1.1 TITLE: DP	Sublette, Melissa
STREET ADDRESS: 1701 PALMER AVENUE	CITY-ST-ZIP: WINTER PARK FL	1.2 NAME: Sublette, Melissa	1.3 STREET ADDRESS: P.O. Box 593330 N/A
TITLE: DVP	NAME: SUBLETTE, MELISSA	2.1 TITLE: DVP	REIKER, Melissa
STREET ADDRESS: P O BOX 593330 N/A	CITY-ST-ZIP: ORLANDO FL	2.2 NAME: REIKER, Melissa	2.3 STREET ADDRESS: 4540 S. Lake Orlando Pkwy
TITLE: DSS	NAME: BARTLETT, TRACY	3.1 TITLE: DSS	Curry, Nancy
STREET ADDRESS: 1901 ILLINOIS STREET	CITY-ST-ZIP: ORLANDO FL	3.2 NAME: BARTLETT, TRACY	3.3 STREET ADDRESS: 801 N. Magnolia Ave #210
TITLE: DT	NAME: SERROS, JOANNE C	4.1 TITLE: DT	no change
STREET ADDRESS: 2649 BROOKSIDE COURT	CITY-ST-ZIP: MAITLAND FL	4.2 NAME: SERROS, JOANNE C	4.3 STREET ADDRESS: [Handwritten arrow]
TITLE: [Blank]	NAME: [Blank]	4.4 CITY-ST-ZIP: [Blank]	4.5 CITY-ST-ZIP: 300001817189
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: [Blank]	5.2 NAME: [Blank]
TITLE: [Blank]	NAME: [Blank]	5.3 STREET ADDRESS: [Blank]	5.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	6.2 NAME: [Blank]
TITLE: [Blank]	NAME: [Blank]	6.3 STREET ADDRESS: [Blank]	6.4 CITY-ST-ZIP: [Blank]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] Joanne C. Serros 4/15/96 (407) 422-1540

CR2E037 (12/95)