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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 824 N MAGNOLIA AVE SUITE 307 ORLANDO FL 32803-3850 US

3. Date Incorporated or Qualified: 03/30/1970
3a. Date of Last Report: 05/01/1996
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 (21-23) and Mailing Address (24-26) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
SUBLETTE, MELISSA
8473 ISLAND PALM CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent
81 Name: Tracy Lively
82 Street Address: 803 Yates Str
83 City: Orlando
84 City: Orlando FL 85 Zip Code: 32804

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: *Melissa Sublette* (5-1-97)
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	DVP	1.1 TITLE	President
NAME	REIKER, MELISSA	1.2 NAME	Tracy Lively
STREET ADDRESS	4540 S. LAKE ORLANDO PKWY	1.3 STREET ADDRESS	803 Yates Str
CITY-ST-ZIP	ORLANDO FL 32808	1.4 CITY-ST-ZIP	Orlando FL 32804 DP
TITLE	DP	2.1 TITLE	Kathleen McCorvie
NAME	SUBLETTE, MELISSA	2.2 NAME	
STREET ADDRESS	P O BOX 593330 N/A	2.3 STREET ADDRESS	9108 Galleon Dr
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32819 DVP
TITLE	DSS	3.1 TITLE	Rapellen Wehrle
NAME	CURRY, NANCY	3.2 NAME	
STREET ADDRESS	801 N. MAGNOLIA AVE.	3.3 STREET ADDRESS	250 N. Orange Ave
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP	Orlando FL 32803 Secretary DSS
TITLE	D	4.1 TITLE	Joe Pankowski
NAME	SERROS, JOANNE C	4.2 NAME	
STREET ADDRESS	2849 BROOKSIDE COURT	4.3 STREET ADDRESS	1081 Nodding Pine Way
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	Casselberry FL 32707 Treas. D
TITLE		5.1 TITLE	Executive Director
NAME		5.2 NAME	Joyce Whidden
STREET ADDRESS		5.3 STREET ADDRESS	824 N. Magnolia Ave 307
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando FL 32803
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)