


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718291** (8)
1. Corporation Name
ADULT LITERACY LEAGUE, INC.



Principal Place of Business 924 N MAGNOLIA AVE SUITE 307 ORLANDO FL 32803 US	Mailing Address 924 N MAGNOLIA AVE SUITE 307 ORLANDO FL 32803 US
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3. Date Incorporated or Qualified 03/30/1970	
4. FEI Number 23-7076600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	
LIVELY, TRACY 803 YATES ST ORLANDO FL 32804	

10. Name and Address of New Registered Agent	
81. Name	Joe Pankowicki
82. Street Address (P.O. Box Number is Not Acceptable)	1081 Nodding Pine Way
83. City	Casselberry
84. State	FL
85. Zip Code	32707

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 Joseph Pankowicki DATE 3/25/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVELY, TRACY	1.2 NAME	Joe Pankowicki
STREET ADDRESS	803 YATES ST	1.3 STREET ADDRESS	1081 Nodding Pine Way
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORVE, KATHLEEN	2.2 NAME	
STREET ADDRESS	9108 GALLEON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SDD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRLE, ROYELLEN	3.2 NAME	
STREET ADDRESS	250 N ORANGE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANKOWIECKI, JOE	4.2 NAME	Nancy Miller
STREET ADDRESS	1081 NODDING PINE WAY	4.3 STREET ADDRESS	5900 Lake Ellenor Dr
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	Orlando FL 32809
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIDDEN, JOYCE	5.2 NAME	
STREET ADDRESS	924 N MAGNOLIA AVE 307	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Joyce Whidden DATE 3/24/98 (407) 422-1540

CR2E037 (10/97)