

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90289 001 ****61.25

DOCUMENT # 718291

1. Corporation Name

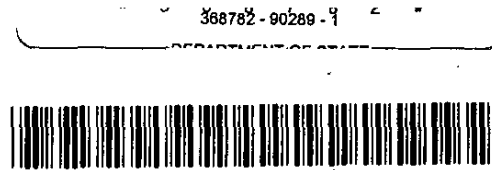
ADULT LITERACY LEAGUE, INC.

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



2. Principal Place of Business

21 **345 W. Michigan St**

Suite, Apt. #, etc.

22 **# 100**

City & State

23 **Orlando FL**

Zip

24 **32806**

Country

25 **USA**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/30/1970

4. FEI Number

23-7076600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PANKOWIECKI, JOE
1081 NODDING PINE WY
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name **PANKOWIECKI, JOE**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **PANKOWIECKI, JOE**
STREET ADDRESS **1081 NODDING PINE WY**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **DVP** ☒ DELETE

NAME **MCCORVIE, KATHLEEN**
STREET ADDRESS **9108 GALLEON DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SDD** ☐ DELETE

NAME **WEHRLE, ROYELLEN**
STREET ADDRESS **260 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☒ DELETE

NAME **MILLER, NANCY**
STREET ADDRESS **5900 LAKE ELEANOR DR**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **ED** ☐ DELETE

NAME **WHIDDEN, JOYCE**
STREET ADDRESS **924 N MAGNOLIA AVE 307**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/14/99

(407) 422-1540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0016680