

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90236 021 ****70.00

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DOCUMENT # 718291

1. Entity Name

ADULT LITERACY LEAGUE, INC.

Principal Place of Business

345 W. MICHIGAN ST.
 SUITE 100
 ORLANDO FL 32806
 US

Mailing Address

345 W. MICHIGAN ST.
 SUITE 100
 ORLANDO FL 32806
 US

2. Principal Place of Business

345 W. Michigan St.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Orlando, Fl

City & State

Zip

32806

Country

Orange

Zip

Country

4. FEI Number

23-7076600

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VACCARO, KATHERINE
 1614 LOUNA LANE
 ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name: T. Grey Squires
 Street Address (P.O. Box Number is Not Acceptable): 2 S. Orange Ave.
 5th Floor
 City: Orlando FL Zip Code: 32801

8. 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

T. Grey Squires

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VACCARO, KATHERINE	
STREET ADDRESS	1614 LORENA LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, DIANA	
STREET ADDRESS	1312 CRESCENT LAKE DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WEHRLE, ROYELLEN	
STREET ADDRESS	2000 E MICHIGAN ST.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SQUIRES, GREY	
STREET ADDRESS	940 HIGHLAND AVE.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WHIDDEN, JOYCE	
STREET ADDRESS	345 W. MICHIGAN ST. #100	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Metcalfe, Johnny	
STREET ADDRESS	Orlando International Airport	
CITY-ST-ZIP	1 Airport Blvd, Orlando, Fl. 32827	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffin, Diana	
STREET ADDRESS	1312 Crescent Lake Dr.	
CITY-ST-ZIP	Windermere, Fl. 34786	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Lynne	
STREET ADDRESS	1504 East Blvd.	
CITY-ST-ZIP	Maitland, Fl. 32751	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Squires, Grey	
STREET ADDRESS	2 S. Orange Ave. 5th Fl.	
CITY-ST-ZIP	Orlando, Fl. 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T. Grey Squires

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 407-422-1540

Date Daytime Phone #

CR2E037 (9/01)