


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90040 047 ****70.00

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: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01072004 Chg-NP CR2E037 (10/03)

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

SQUIRES, T G
2 S ORANGE AV
5TH FLOOR
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: **Rena Langley**

Street Address (P.O. Box Number is ok): **932 Summer Lakes DR.**

City: **Orlando** FL Zip Code: **32835**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rena Langley* DATE: 2-2-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DONNELLY, MATT	
STREET ADDRESS	C/O KPMG, 111 N. ORANGE AVE. #1600	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, RENA	
STREET ADDRESS	932 SUMMER LAKES DR.	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ABER, KATHY	
STREET ADDRESS	C/O WEST ORANGE TIMES, 720 S. DILLARD ST.	
CITY-ST-ZIP	WINTER GARDEN, FL 34777	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SQUIRES, GREY	
STREET ADDRESS	2 S ORANGE AVE 5TH FLOOR	
CITY-ST-ZIP	ORLANDO, FL 32801	
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	DAVID PORTER	
STREET ADDRESS	C/O Orlando Sentinel	
CITY-ST-ZIP	633 N. Orange Ave Orlando, FL 32801	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL DILLON	
STREET ADDRESS	500 S. Orange Ave.	
CITY-ST-ZIP	40 OUR - The Reliable One Orlando, FL 32801	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN KINSLEY	
STREET ADDRESS	P.O. Box 532040	
CITY-ST-ZIP	40 Datawise Way Orlando, FL 32853	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENA LANGLEY	
STREET ADDRESS	932 Summer Lakes DR.	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE WHIDDEN	
STREET ADDRESS	345 W. Michigan St. #100	
CITY-ST-ZIP	Orlando, FL 32806	
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: *Rena Langley* DATE: 2-2-04 DAYTIME PHONE #: 407-482-1540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR