

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734110** (0)

1. Corporation Name

ADULT LITERACY SERVICE OF INDIAN RIVER COUNTY, INC.



Principal Place of Business

Mailing Address

1600 21ST STREET
VERO BEACH FL 32960

1600 21ST STREET
VERO BEACH FL 32960

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/20/1975

3a. Date of Last Report
02/23/1995

4. FEI Number
59-1987210

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

PATINGTON, BETTY J
1600 21ST STREET
VERO BEACH FL 32960

81 Name **Kathleen M. Connolly**

82 Street Address (P.O. Box Number is Not Acceptable)
1600 21st Street

83

84 City **Vero Beach**

85 Zip Code **FL 32960**

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

Kathleen M. Connolly

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

NOTE: Registered Agent signature required when registered firm

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VITRANO, PHILIP	
STREET ADDRESS	1015 SW 31ST AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARKS, ROBERT	
STREET ADDRESS	731B TIMBER RIDGE TRAIL	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINGS, REA	
STREET ADDRESS	778 24TH SQUARE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CONNOLLY, KATHLEEN	
STREET ADDRESS	1513 E CAMINO DEL RIO	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Connolly, Kathleen M.	
13 STREET ADDRESS	1515 E Camino Del Rio	
14 CITY-ST-ZIP	Vero Beach, FL 32963	
21 TITLE	TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROBERT B MARKS	
23 STREET ADDRESS	565 Fox Run, S.W.	
24 CITY-ST-ZIP	VERO BEACH FL	
31 TITLE	Secretary D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Joyce Mitchell	
33 STREET ADDRESS	640 Fox Trail S.W.	
34 CITY-ST-ZIP	Vero Beach, FL 32962	
41 TITLE	Vice President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	John Burns	
43 STREET ADDRESS	1811 E Sandpointe Place	
44 CITY-ST-ZIP	Vero Beach, FL 32963	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert B Marks
ROBERT B MARKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

407-798-2223

SC 4-4-96

CR2E037 (12/95)