

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 734110 (0)  
1. Corporation Name  
ADULT LITERACY SERVICE OF INDIAN RIVER COUNTY, I NC.



Principal Place of Business: 1600 21ST STREET VERO BEACH FL 32960  
Mailing Address: 1600 21ST STREET VERO BEACH FL 32960-3461

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/20/1975	3a. Date of Last Report 04/04/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1987210	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CONNOLLY, KATHLEEN M 1600 21ST STREET VERO BEACH FL 32960	10. Name and Address of New Registered Agent 81 Name: JOHN BURNS 82 Street Address (P.O. Box Number is Not Acceptable): 1600 21ST STREET 83: VERO BEACH 84 City: VERO BEACH 85 Zip Code: FL 32960
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14. 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: *John J. Burns* DATE: 3/19/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	VITRANO, PHILIP	1.1 TITLE: PRESIDENT (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1515 E CAMINO DEL RIO	VERO BEACH FL 32963	1.2 NAME: BURNS, JOHN	
CITY-ST-ZIP: VERO BEACH FL 32963		1.3 STREET ADDRESS: 1811 E. SANDPOINTE PL	
TITLE: TD (D)	MARKS, ROBERT B	1.4 CITY-ST-ZIP: VERO BEACH, FL 32963	
STREET ADDRESS: 585 FOX RUN SW	VERO BEACH FL 32962	2.1 TITLE: VICE PRESIDENT (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: VERO BEACH FL 32962		2.2 NAME: STORK, CARMEN	
TITLE: SD (D)	MITCHELL, JOYCE	2.3 STREET ADDRESS: 2900-59th AVE	
STREET ADDRESS: 640 FOX TRAIL SW	VERO BEACH FL 32962	2.4 CITY-ST-ZIP: VERO BEACH, FL 32966	
CITY-ST-ZIP: VERO BEACH FL 32962		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VDD	BURNS, JOHN	3.2 NAME:	
STREET ADDRESS: 1811 E SANDPOINTE PL	VERO BEACH FL 32963	3.3 STREET ADDRESS:	
CITY-ST-ZIP: VERO BEACH FL 32963		3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *John J. Burns* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 5/1-778-2223  
Daytime Phone # 0020487

CR2E037 (9/96)