


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90026 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734110**

1. Corporation Name  
**ADULT LITERACY SERVICE OF INDIAN RIVER COUNTY, I NC.**

Principal Place of Business 1800 21ST STREET VERO BEACH FL 32960	Mailing Address 1800 21ST STREET VERO BEACH FL 32960
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274472-90075-45 2 \*

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 10/20/1975	4. FEI Number 59-1987210	Applied For Not Applicable
22	26	23	27	28
24	25	29	30	31

9. Name and Address of Current Registered Agent <b>BURNS, JOHN</b> 1800 21ST ST VERO BCH FL 32960	10. Name and Address of New Registered Agent 81 Name <b>ROBERT M. CIMINO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>716 - 32nd Terrace</b> 83 84 City <b>VERO BEACH</b> FL 85 Zip Code <b>32968</b>
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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]* **ROBERT M. CIMINO** DATE **1-20-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORK, CARMEN	1.2 NAME	MARY POWELL
STREET ADDRESS	2900-59TH AVE	1.3 STREET ADDRESS	1600 21st Street
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIMINO, ROBERT	2.2 NAME	HOWARD CONNOLLY
STREET ADDRESS	716-32ND TERRACE	2.3 STREET ADDRESS	1614 W. SANDPOINTE PLACE
CITY-ST-ZIP	VERO BEACH FL 32968	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, JOHN	3.2 NAME	ROBERT M. CIMINO
STREET ADDRESS	1811 E SANDPOINTE PL	3.3 STREET ADDRESS	716-32nd Terrace
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	PRESIDENT - D <input type="checkbox"/> DELETE	4.1 TITLE	Secretary - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY POWELL	4.2 NAME	BARBARA LEVERE
STREET ADDRESS	1600 21st Street	4.3 STREET ADDRESS	701 CANOE TRAIL
CITY-ST-ZIP	VERO BEACH, FL 32960	4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **ROBERT M. CIMINO** DATE **1-20-99** DAYTIME PHONE # **561-562-1659**

CR2E037 (11/98)