


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90156 006 ****61.25

| | | | | | |
|---|----------------------|--|---|--|--|
| DOCUMENT # 734110 | | | |  | |
| 1. Entity Name LITERACY SERVICES OF INDIAN RIVER COUNTY, INC. | | | | | |
| Principal Place of Business 1600 21ST STREET VERO BEACH, FL 32960 | | | Mailing Address 1600 21ST STREET VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-1987210 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SNYDER, MARY D 1600 21ST STREET VERO BEACH, FL 32960 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SILVA, MARY PA | | NAME | Barbara Mohler | |
| STREET ADDRESS | 5070 N. A1A, STE 200 | | STREET ADDRESS | 2225 Clubs Dr. | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | | CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REISMAN, LARRY | | NAME | Judge David Morgan | |
| STREET ADDRESS | PO BOX 1268 | | STREET ADDRESS | 2000 16th St, Suite 263 | |
| CITY-ST-ZIP | VERO BEACH, FL 32960 | | CITY-ST-ZIP | VERO BEACH, FL 32960 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEVERE, BARBARA | | NAME | Sally Sibson | |
| STREET ADDRESS | 701 CANOE TRAIL | | STREET ADDRESS | 7720 Indian Oaks Blvd. #213 | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | | CITY-ST-ZIP | VERO BEACH, FL 32966 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCAIN, MATTHEW | | NAME | Judith Underveer | |
| STREET ADDRESS | 700 20TH ST. | | STREET ADDRESS | 1012 Mangrove Lane | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | | CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CONNOLLY, SPIKE | | NAME | Judy April | |
| STREET ADDRESS | 460 N ARROWHEAD TRL. | | STREET ADDRESS | 680 32nd St. SW | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | | CITY-ST-ZIP | VERO BEACH, FL 32968 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUDSON, EDDIE EDD | | NAME | Donna Roberts | |
| STREET ADDRESS | 1296 19TH AVE. SW. | | STREET ADDRESS | 2057 USI | |
| CITY-ST-ZIP | VERO BEACH, FL 32962 | | CITY-ST-ZIP | VERO BEACH, FL 32960 | |
| 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: <i>Mary D. Snyder</i> | | | Date: 4-8-05 Daytime Phone #: 772-778-2223 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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