2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 734110 1. Entity Name LITERACY SERVICES OF INDIAN RIVER COUNTY, INC.					04-12-2005 90156 006 ****61.25			
1600 21ST STREET 160		Mailing Address 1600 21ST STREET VERO BEACH, FL 3296	600 21ST STREET		20030	145		
2. Principal Place of Business 3. N		3. Mailing Address	Mailing Address		 	DI BIDI DIDI DIDI DI	N 0.1011 B1034101 01 1640	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222005	Chg-NP	CR2E037 (*	10/03)	
City & State		City & State		4. FEI Num 59-19	ber 87210		Applied For Not Applicable	
Zip Country		Zip	Zip Country		te of Status Desired		.75 Additional Required	
	6. Name and Address of Current	t Registered Agent		7. Name ar	d Address of New	Registered Ager	nt -	
SNADED	MADV D		Name					
SNYDER, MARY D 1600 21ST STREET VERO BEACH, FL 32960			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	,							
			City			FL	Zip Code	
	named entity submits this statement fi ions of registered agent.	for the purpose of changing its	registered office or	registered agent, or t	ooth, in the State of F	Fiorida. I am fami	liar with, and accept	
SIGNATURE .	Signature, hyperi or printeri name of consistered according	or and title if applicable (NOTE	· Registered Agent signat	are required when reinstation!		CIATE		
SIGNATURE .	Signature, typed or printed name of registered agen		<u>-</u>	ure required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005		paign Financing	\$5.00 May Added to Fee	Be Flo	Make check pa prida Departme		
SIGNATURE .	Filing Fee is \$61.25	9. Election Carr Trust Fund C	paign Financing	S5.00 May	Be Flo	Make check pa orida Departme	TORS IN 10	
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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: MANUEL AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

4-8-05 772-778-222

Daytime Phone