


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90217 005 \*\*\*\*61.25

**DOCUMENT # 734110**

1. Entity Name  
**ADULT LITERACY SERVICE OF INDIAN RIVER COUNTY, INC.**




Principal Place of Business      Mailing Address  
**1600 21ST STREET**      **1600 21ST STREET**  
**VERO BEACH FL 32960**      **VERO BEACH FL 32960**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1987210**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POWELL, MARY D**  
**1600 21ST STREET**  
**VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	POWELL, MARY	
STREET ADDRESS	1600 21ST STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONNOLLY, HOWARD	
STREET ADDRESS	1001 BAY ROAD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SILVA, MARY PA	
STREET ADDRESS	5070 N A1A SUITE 222	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVERE, BARBARA	
STREET ADDRESS	701 CANOE TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Silva, PA	
STREET ADDRESS	5070 N. A1A, suite 200	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Reisman	
STREET ADDRESS	P.O. Drawer 1268	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary D. Powell Date: 2-12-03 772-7705060

CR2E037 (10/02)