


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90032 046 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752617</b> 1. Corporation Name <b>THE LITERACY COUNCIL OF MANATEE COUNTY, INC.</b>					
Principal Place of Business 1701 14TH STREET WEST, SUITE 3 BRADENTON FL 34205			Mailing Address 1701 14TH STREET WEST, SUITE 3 BRADENTON FL 34205		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>05/23/1980</b> 4. FEI Number <b>59-2116479</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BROOKS, ETHEL M</b> <b>306 73RD ST E</b> <b>BRADENTON FL 34208</b>			10. Name and Address of New Registered Agent 81 Name <b>Mark Bjordahl</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3037 Riverwood Drive</b> 83 <b>Parrish, FL 34219</b> 84 City <b>Parrish</b> <b>FL</b> 85 Zip Code <b>34219</b>		
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 <b>Mark Bjordahl, Treas.</b> <i>Mark A. Bjordahl</i> DATE <b>3/8/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>ROSKAMP, CAROLYN</b> STREET ADDRESS <b>1104 82ND ST NW</b> CITY-ST-ZIP <b>BRADENTON FL 34209</b>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <b>BROOKS, ETHEL</b> STREET ADDRESS <b>3006 73RD ST E</b> CITY-ST-ZIP <b>BRADENTON FL 34208</b>			2.1 TITLE <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Mark Bjordahl</b> 2.3 STREET ADDRESS <b>3037 Riverwood Drive</b> 2.4 CITY-ST-ZIP <b>Parrish, FL 34219</b>		
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>DETWEILER, MICHELLE</b> STREET ADDRESS <b>4212 14TH AVE EAST</b> CITY-ST-ZIP <b>BRADENTON FL 34208</b>			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>VD</b> <input checked="" type="checkbox"/> DELETE NAME <b>MCCABE, MARCIA</b> STREET ADDRESS <b>508 68TH ST</b> CITY-ST-ZIP <b>HOLMES BCH FL 34217</b>			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: *Mark Bjordahl* **Mark Bjordahl** DATE **3-8-99** DAYTIME PHONE # **941-747-4655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)