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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763717 (6)

1. Corporation Name
AMERICAN READING FORUM, INC.

Principal Place of Business	Mailing Address
C/O BRISTOR, VALERIE, J 2334 CYPRESS BEND DR. S., APT 912 POMPANO BEACH FL 33069 US	C/O BRISTOR, VALERIA, J 2334 CYPRESS BEND DR., S., APT 912 POMPANO BEACH FL 33069-4488 US

3. Date Incorporated or Qualified: 06/16/1982
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 58-1548325 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRISTOR, VALERRIA J
2334 CYPRESS BEND DRIVE SOUTH, APT 912
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GUSTAFSON, DAVID 106 MORRIS HALL, UW-LA CROSSE LA CROSSE WI	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T Sarah Dowhower 5963 Fairham Rd. Hamilton, OH 45011
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLESPIE, CINDY 529 EDUCATION BLDG BOWING GREEN S. U. BOWLING GR	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Valerie Bristor 2334 Cypress Bend Dr S Apt 912 Pompano Beach, FL 33069-4488
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAINE, CHESTER P O BOX 210002 UNIVERSITY OF CINCINN. CINCINNATI OH	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD Norman A. Stahl 536 Kendall Lane DeKalb, IL 60115-2568
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RANDLETT, ALICE 1217 LINDBERGH AVE STEVEN POINT WI	ELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 receivor 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.

SIGNATURE: [illegible] 7/30/97