

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 763717 1. Entity Name AMERICAN READING FORUM, INC.	
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Principal Place of Business C/O BRISTOR, VALERIE, J 2334 CYPRESS BEND DR. S., APT 912 POMPANO BEACH, FL 33069 US	Mailing Address C/O BRISTOR, VALERIE, J 2334 CYPRESS BEND DR., S., APT 912 POMPANO BEACH, FL 33069 US
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03072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 58-1548325	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRISTOR, VALERIE J 2334 CYPRESS BEND DRIVE SOUTH, APT 912 POMPANO BEACH, FL 33069	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOWHOWER, SARAH DR 700 WATERS EDGE #21 RACINE, WI 53402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, JILL 204 LINCOLN AVE. HIGHLAND PARK, NJ 08904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINE, JOYCE 6120 NW 99TH WAY PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, LYNNE D 9661 NW 16TH CT. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/05-80028-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Sarah Dowhower/Sarah Dowhower 3/8/05 262-681-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #