2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# 763717

Entity Name: AMERICAN READING FORUM, INC.

Current Principal Place of Business:

C/O BRISTOR, VALERIE, J
2334 CYPRESS BEND DR. S., APT 912
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

C/O BRISTOR, VALERIE, J
2334 CYPRESS BEND DR., S., APT 912
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 58-1548325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: DOWHOWER, SARAH DR
Address: 700 WATERS EDGE #21
City-St-Zip: RACINE, WI 53402

Title: PD ( ) Delete
Name: FRYE, BETH DR
Address: APPALACHIAN STATE UNIVERSITY, DEPT LRE
City-St-Zip: BOONE, NC 28608

Title: VD ( ) Delete
Name: PUIG, ENRIQUE DR
Address: 36 SOUTH HAMPTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete
Name: MOCK, DEVERY
Address: APPALACHIAN STATE UNIVERSITY, DEPT LRE
City-St-Zip: BOONE, FL 28608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: DOUGLAS, KAREN DR
Address: 10977 SHADOW LANE
City-St-Zip: COLUMBIA, MD 21044

Title: PD (X) Change ( ) Addition
Name: MCLEAN, CHERYL DR
Address: 205C GSE; 10 SEMINARY PLACE
City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: VD (X) Change ( ) Addition
Name: MILLER, LYNN DR
Address: 9661 NW 16 COURT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN DOUGLAS T 04/05/2009

Electronic Signature of Signing Officer or Director — Date