

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


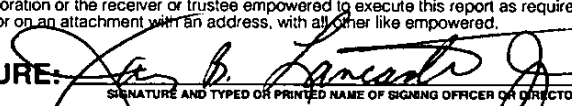
FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90058 033 ****61.25

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04082005 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000002007 1. Entity Name AFRICAN LITERACY, ART, AND DEVELOPMENT ASSOCIATION, INC.			
Principal Place of Business 2335 MONT-CLAIRE DRIVE, UNIT 201 NAPLES, FL 34109 3394 CERRITO DR NAPLES FL 34109		Mailing Address 2335 MONT-CLAIRE DRIVE, UNIT 201 NAPLES, FL 34109 3394 CERRITO DR NAPLES FL 34109	
2. Principal Place of Business 3394 CERRITO DR Suite, Apt. #, etc.		3. Mailing Address 3394 CERRITO DR Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34109		Zip 34109	
Country		Country	
4. FEI Number 72-1521153		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENSON, MARK 8979 TAMiami TRAIL NORTH NAPLES, FL 34108-2583		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LANCASTER, JAMES B STREET ADDRESS 2335 MONT-CLAIRE DRIVE, UNIT 201 SEE ABOVE CITY-ST-ZIP NAPLES, FL 34109 NEW ADDRESS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME LANCASTER, HARRIET L STREET ADDRESS 2335 MONT-CLAIRE DRIVE, UNIT 201 SEE ABOVE CITY-ST-ZIP NAPLES, FL 34109 NEW ADDRESS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME NIKOVITS, JEAN STREET ADDRESS 1526 SERENITY CIRCLE CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME TACHUK, ROGER STREET ADDRESS 22999 SHADY KNOLL DR CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MYLES, JOHN STREET ADDRESS 13253 WEDGEFIELD DRIVE CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/7/05	Daytime Phone #: (239) 566-9961