2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002007

1. Entity Name
AFRICAN LITERACY, ART, AND DEVELOPMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3394 CERRITO DRIVE NAPLES, FL 34109	3394 CERRITO DRIVE NAPLES, FL 34109

02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1521153
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENSON, MARK
8979 TAMIAMI TRAIL NORTH
NAPLES, FL 34108-2583

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANCASTER, JAMES B
STREET ADDRESS	3394 CERRITO DRIVE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VPD
NAME	LANCASTER, HARRIET L
STREET ADDRESS	3394 CERRITO DRIVE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	SD
NAME	NIKOVITS, JEAN
STREET ADDRESS	1526 SERENITY CIRCLE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	MYLES, JOHN
STREET ADDRESS	13253 WEDGEFIELD DRIVE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06-80021-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James B. Lancaster 2/5/06 239-566-9961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES B. LANCASTER, JR
PRESIDENT