## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02000002007

1. Entity Name

AFRICAN LITERACY, ART, AND DEVELOPMENT ASSOCIATION, INC.



FILED Mar 23, 2007 08:00 AM Secretary of State

Principal Place of Business

3394 CERRITO DRIVE NAPLES, FL 34109 Mailing Address

3394 CERRITO DRIVE NAPLES, FL 34109



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03192007 No Chg-NP

CR2E037 (4/06)

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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<ol><li>The above named entity submits this statement for the purpose of changi the obligations of registered agent.</li></ol>	ing its registered office or registered agent, or bo	oth, in the State of Florida.	t am familiar with, and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE

Filing Fee is \$61.25 Due by May 1, 2007

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be

000000677158 03/30/07-80093-013 61.25

OFFICERS AND DIRECTORS 10. NAME LANCASTER, JAMES B STREET ADDRESS 3394 CERRITO DRIVE CHTY-ST-ZIP NAPLES, FL 34109 TITLE VPD NAME LANCASTER, HARRIET L STREET ADDRESS 3394 CERRITO DRIVE CITY-ST-ZIP NAPLES, FL 34109 NAME NIKOVITS, JEAN STREET ADDRESS 1526 SERENITY CIRCLE CITY-ST-ZIP NAPLES, FL 34110 TITLE TO 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

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IN THIS SPACE

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/19/07

591-3061

Daytime Phone #