

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N02000002007

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

**Current Principal Place of Business:**

3394 CERRITO DRIVE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

3394 CERRITO DRIVE  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 72-1521153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENSON, MARK  
8979 TAMIAMI TRAIL NORTH  
NAPLES, FL 341082583 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: PD ( ) Delete  
Name: LANCASTER, JAMES B  
Address: 3394 CERRITO DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete  
Name: LANCASTER, HARRIET L  
Address: 3394 CERRITO DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: SD ( ) Delete  
Name: NIKOVITS, JEAN  
Address: 1526 SERENITY CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete  
Name: MYLES, JOHN  
Address: 13253 WEDGEFIELD DRIVE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: JOHN MYLES

SEC

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date