

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2004
Secretary of State**

DOCUMENT# N03000006262

Entity Name: LITERACY PROS OF JACKSONVILLE, INC.

Current Principal Place of Business:

118 E. MONROE STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

118 E. MONROE STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0298376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTER, KENNETH E
118 E. MONROE STREET
JACKSONVILLE, FL 32202

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: VAN CLEVE, SARAH T
Address: 3500 RICHMOND STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD () Delete
Name: CENTER, KENNETH E
Address: 1847 STATE ROAD 20
City-St-Zip: HAWTHONEILLE, FL 32640

Title: VD () Delete
Name: CHOPSKIE, NANCY ANNE
Address: 7834 HUNTER'S GROVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: HOEHN, ALBERT J
Address: 100 BERMUDA BAY CIRCLE UNIT 108
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: WORLEY, MICHELLE
Address: 5229 MARLENE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HERNDON, RANDALL L
Address: 1475 BELVEDERE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

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

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

Title: SD (X) Change () Addition
Name: WORLEY, MICHELLE Y
Address: 5229 MARLENE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELLE Y. WORLEY

SD

04/01/2004

Electronic Signature of Signing Officer or Director

Date