2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# N07000009252

Entity Name: LITERACY LEADS TO HOPE INC.

Current Principal Place of Business:

3929 W. EDEN ROC CIRCLE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3929 W. EDEN ROC CIRCLE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 26-1096983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADAMS, CAROLYN B
3929 W. EDEN ROC CIRCLE
TAMPA, FL 33634 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: DIR ( ) Delete
Name: ADAMS, MEGAN A
Address: 3929 W. EDEN ROC CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: DIR ( ) Delete
Name: RODRIGUEZ, DANIELLE R
Address: 10509 LAKE WILLIAMS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DIR ( ) Delete
Name: ADAMS, CAROLYN B
Address: 3929 W. EDEN ROC CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: DIR ( ) Delete
Name: RODRIGUEZ, EVELYN R
Address: 10509 LAKE WILLIAMS DRIVE
City-St-Zip: ODESSA, FL 33556

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: CAROLYN B. ADAMS DIR 08/20/2008

Electronic Signature of Signing Officer or Director Date