

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 22 AM 11:20**

**DOCUMENT # N41284 (3)**  
1. Corporation Name:  
**LEARN TO READ, INC.**

Principal Place of Business: **92 RIVERSIDE AVENUE JACKSONVILLE FL 32202**  
Mailing Address: **92 RIVERSIDE AVENUE JACKSONVILLE FL 32202**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **28** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1990**  
3a. Date of Last Report: **01/25/1994**

4. FEI Number: **23-7153919**  
Applied For:   
Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**COLEMAN, JACK**  
**1436 SWAN LANE**  
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83:  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLEMAN, JACK
STREET ADDRESS	1436 SWAN LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	CHOPSKIE, MAN
STREET ADDRESS	7834 HUNTERS GROVE RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	WOOLVERTON, MS A
STREET ADDRESS	970 PONTE VEDRA BLVD
CITY - ST - ZIP	PONTE VEDRA BCH FL
TITLE	D
NAME	AHEARN, DENISE M
STREET ADDRESS	1403 FOURTH ST N
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	GORDON, RICHARD
STREET ADDRESS	1301 1ST ST., SOUTH
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	VD
NAME	PARKER, LARRY
STREET ADDRESS	8437 ARTIS CT
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Parker, Larry	
1.3 STREET ADDRESS	8437 Artis Court	
1.4 CITY - ST - ZIP	Jacksonville, Fl 32208	
2.1 TITLE	1st V.Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wedewer, Robin	
2.3 STREET ADDRESS	Robinson/St John Adv	
2.4 CITY - ST - ZIP	Jacksonville, Fl 32216	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pfeil, Walt	
3.3 STREET ADDRESS	PO Box 4579 5th Floor N/A	
3.4 CITY - ST - ZIP	Jacksonville, Fl 32231	
4.1 TITLE	2nd Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sheila Daly Russo	
4.3 STREET ADDRESS	939 Arbor Lane	
4.4 CITY - ST - ZIP	Jacksonville, Fl 32207	
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Foster, David	
5.3 STREET ADDRESS	1301 Riverplace 15th Floor	
5.4 CITY - ST - ZIP	Jacksonville, Fl 32207	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Coleman, Jack	
6.3 STREET ADDRESS	1436 Swan Lane	
6.4 CITY - ST - ZIP	Jacksonville, Fl 32207	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (b)(7)(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, except an attachment with my retention.

SIGNATURE: *[Signature]* 904) 353-0288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Typed Name)