

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3-25-96 B-2676-BC  
(3)

DOCUMENT # N41284  
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

3. Date Incorporated or Qualified: 12/14/1990  
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country (25-30)

4. FEI Number: 23-7153919  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
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: ROBIN WEDEWER  
82 Street Address: ST. JOHN & PARTNERS  
83 6650 Southpointe, Suite #200  
84 City: Jacksonville, FL 85 Zip Code: 32216

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Robin Wedewer* DATE: 3/20/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PARKER, LARRY	1.1 TITLE: PD	NAME: ROBIN WEDEWER
STREET ADDRESS: 8437 ARTIS COURT	CITY-ST-ZIP: JACKSONVILLE FL	1.3 STREET ADDRESS: 6650 Southpointe, Suite #200	1.4 CITY-ST-ZIP: Jacksonville, Fl. 32216
TITLE: VP	NAME: WEDEWER, ROBIN	2.1 TITLE: VP	NAME: WALT PFEIL
STREET ADDRESS: ROBINSON/ST JOHN ADV	CITY-ST-ZIP: JACKSONVILLE FL	2.3 STREET ADDRESS: 12921 Palmetto Glade Dr.	2.4 CITY-ST-ZIP: Jacksonville, Fl 32246
TITLE: SD	NAME: PFEIL, WALT	3.1 TITLE: SD	NAME: BILL HAMMOND
STREET ADDRESS: PO BOX 4579 N/A	CITY-ST-ZIP: JACKSONVILLE FL	3.3 STREET ADDRESS: 3439 Fitch St.	3.4 CITY-ST-ZIP: Jacksonville, Fl. 32205
TITLE: VPD	NAME: RUSSO, SHEILA DALY	4.1 TITLE: VPD	NAME: HORTENSE BREWINGTON
STREET ADDRESS: 939 ARBOR LANE	CITY-ST-ZIP: JACKSONVILLE FL	4.3 STREET ADDRESS: 2926 Ribault Scenic Dr	4.4 CITY-ST-ZIP: Jacksonville, Fl 32208
TITLE: T	NAME: FOSTER, DAVID	5.1 TITLE: T	NAME: RANDY HERNDON, CPA
STREET ADDRESS: 1301 RIVERPLACE 15TH FLOOR	CITY-ST-ZIP: JACKSONVILLE BCH FL	5.3 STREET ADDRESS: P.O. Box 550507, N/A	5.4 CITY-ST-ZIP: Jacksonville, Fl 32255
TITLE: D	NAME: COLEMAN, JACK	6.1 TITLE: D	NAME: LARRY PARKER
STREET ADDRESS: 1436 SWAN LANE	CITY-ST-ZIP: JACKSONVILLE FL	6.3 STREET ADDRESS: 8875 Liberty Ridge Dr.	6.4 CITY-ST-ZIP: Jacksonville, Fl. 32256

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 119.07(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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack Coleman* DATE: 3/20/96

CR2E037 (12/95)