

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2004
Secretary of State**

DOCUMENT# N41284

Entity Name: LEARN TO READ, INC.

Current Principal Place of Business:

1300 RIVERPLACE BLVD
320-9
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

917 CHILCREN'S WAY
JACKSONVILLE, FL 32207 US

Current Mailing Address:

1300 RIVERPLACE BLVD
#320-9
JACKSONVILLE, FL 32207 US

New Mailing Address:

917 CHILDREN'S WAU
JACKSONVILLE, FL 32207 US

FEI Number: 23-7153919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMERS, ALICIA
13093 SILVER OAK DR.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

ALGIRE, TERRY ED
917 CHILDREN'S WAY
JACKSONVILLE, FL 32207 US

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: TERRY ALGIRE

04/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MEIDE, MOSES
Address: 817 N. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

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

Title: V/D () Delete
Name: WINTERFIELD, CATHY
Address: 2972 OLD ORCHARD ROAD
City-St-Zip: JACKSONVILLE, FL 32257 US

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

Title: S () Delete
Name: DEMBLETON, DUANE
Address: 3939 ROSSEVELT BLVD
City-St-Zip: JACKSONVILLE, FL 32205 US

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

Title: VPD () Delete
Name: PATTON, ROBIN
Address: ONE RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32202 US

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

Title: SD () Delete
Name: POPE, JULIE
Address: 1809 ELIZABETH PL
City-St-Zip: JACKSONVILLE, FL 32205 US

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

Title: TD () Delete
Name: HORTON, KEN
Address: 1366 PINK PANTHER DR.
City-St-Zip: JACKSONVILLE, FL 32225

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

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: ROBIN H. PATTON

PRE

04/02/2004

Electronic Signature of Signing Officer or Director

Date