

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002784

FILED
Apr 27, 2003
Secretary of State

Entity Name: WEST CENTRAL FLORIDA LITERACY CONSORTIUM, INC.

Current Principal Place of Business:

2900 HIBISCUS DR W
BELLEAIR BEACH, FL 33786 US

New Principal Place of Business:

Current Mailing Address:

2900 HIBISCUS DR W
BELLEAIR BEACH, FL 33786 US

New Mailing Address:

FEI Number: 59-3320934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, JOE
2900 HIBISCUS DR W
BELLEAIR BEACH, FL 33786 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: D,P () Delete
Name: PEREZ, JOE
Address: 2900 HIBISCUS DR W
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: D,V () Delete
Name: MOEN, DENISE
Address: PO BOX 292
City-St-Zip: BROOKSVILLE, FL 34605

Title: D () Delete
Name: BARNES, SUSAN
Address: 310 WEST WHIDDEN STREET
City-St-Zip: ARCADIA, FL 34266

Title: D,S () Delete
Name: GUSTAFSON, LAUREL
Address: 121 NORTH OSCEOLA AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: MEDIAVILLA, LEO DR
Address: 3702 ESTEY AVENUE
City-St-Zip: NAPLES, FL 34101

Title: D,T () Delete
Name: GLASS, BRENDA
Address: 7621 LITTLE ROAD, SUITE 150D
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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 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: JOE A. PEREZ

D,P

04/27/2003

Electronic Signature of Signing Officer or Director

_____ Date