

FILED
 Jun 08, 2001 8:00 am
 Secretary of State

05-17-2001 91007 001 ****61.25
 05-17-2001 91007 002 *****8.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005920
 1. Entity Name
 LITERACY TRUST, INC.

Principal Place of Business 750 SOUTH WEST 91ST STREET GAINESVILLE FL 32607	Mailing Address 750 SOUTH WEST 91ST STREET GAINESVILLE FL 32607
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2. Principal Place of Business 106 NW 33rd COURT	3. Mailing Address 3324 W. UNIV. AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #116

City & State GAINESVILLE	City & State GAINESVILLE, FL
Zip 32607	Country USA
Zip 32607	Country USA



6. Name and Address of Current Registered Agent
 HOOVER, NORA
 750 SOUTH WEST 91ST STREET
 GAINESVILLE FL 32607

4. FEI Number 59-3551080 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, NORA 750 SOUTH WEST 91ST STREET GAINESVILLE FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PURICH, DANIEL L 750 SOUTH WEST 91ST STREET GAINESVILLE FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, BENEDICT 51 SHERMAN HILL RD. BLDG A #A1040 PO DR. C WOODBURY CT 06798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Purich, Daniel L. 750 SW 91 Street Gainesville, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Nora Hoover JIRE NORA HOOVER 4/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)