2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005920

City-St-Zip:

FILED Jan 13, 2005 Secretary of State

Entity Nar	ne: LITERACY	TRUST, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
106 NW 33RD COURT GAINESVILLE, FL 32607				106 NW 33RD COURT, SUITE C GAINESVILLE, FL 32607			
Current Mailing Address:				New Mailing Address:			
3324 W UNIV AVE #116 GAINESVILLE, FL 32607				3324 W UNIVERSITY AVE #116 GAINESVILLE, FL 32607			
FEI Number:		FEI Number Applied For ()	FEI Nun	nber Not Appl	icable (X)	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HOOVER, 10136 SW GAINESVII		US					
The above in the State		ubmits this statement for the p	urpose o	f changing i	ts registered	d office or registered a	agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HOOVER, NORA	ST 91ST STREET		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SILVERMAN, BE	LL RD. BLDG A #A1040 PO DR. C		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () I LATERZA, VINCE 526 DURAND DE ATLANTA, GA 30	₹		Title: Name: Address: City-St-Zip:		(X) Change () Addition MICHAEL P EET SUITE 520 ON, DC 20006	
Title: Name: Address:	1()	Delete		Title: Name: Address:	O NIX, BELIND 14418 NW 4		

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.

City-St-Zip: NEWBERRY, FL 32669

SIGNATURE: NORA LEE HOOVER D 01/13/2005