


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 08 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # 763717 | (6) |
| 1. Corporation Name AMERICAN READING FORUM, INC. | |

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| Principal Place of Business C/O BRISTOR, VALERIE, J 2334 CYPRESS BEND DR. S., APT 912 POMPANO BEACH FL 33069 US | Mailing Address C/O BRISTOR, VALERIE, J 2334 CYPRESS BEND DR. S., APT 912 POMPANO BEACH FL 33069-4488 US |
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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Country 30 |

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| 3. Date Incorporated or Qualified 06/16/1982 | 3a. Date of Last Report 03/27/1996 |
| 4. FEI Number 58-1548325 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|
| 9. Name and Address of Current Registered Agent BRISTOR, VALERIE J 2334 CYPRESS BEND DRIVE SOUTH, APT 912 POMPANO BEACH FL 33069 | |
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|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| FL | |

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T GUSTAFSON, DAVID 106 MORRIS HALL, UW-LA CROSSE LA CROSSE WI <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GILLESPIE, CINDY 529 EDUCATION BLDG BOWING GREEN S. U. BOWLING GR <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LAINE, CHESTER P O BOX 210002 UNIVERSITY OF CINCINN. CINCINNATI OH <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD RANDLETT, ALICE 1217 LINDBERGH AVE STEVEN POINT WI <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | T Sarah Dowhower 5963 Fairham Rd. Hamilton, OH 45011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | V Valerie Bristor 2334 Cypress Bend Dr S Apt 912 Pompano Beach, FL 33069-4488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | PD Norman A. Stahl 536 Kendall Lane DeKalb, IL 60115-2568 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 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 _____ DATE **7/30/97**

CR2E037 (9/96)