


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 718291 (8)
1. Corporation Name
ADULT LITERACY LEAGUE, INC.



Principal Place of Business 924 N MAGNOLIA AVE SUITE 307 ORLANDO FL 32803 US	Mailing Address 924 N MAGNOLIA AVE SUITE 307 ORLANDO FL 32803 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 03/30/1970
4. FEI Number 23-7076600
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LIVELY, TRACY 803 YATES ST ORLANDO FL 32804

10. Name and Address of New Registered Agent 81 Name Joe Pankowiecki 82 Street Address (P.O. Box Number is Not Acceptable) 1081 Nodding Pine Way 83 84 City Casselberry FL 85 Zip Code 32707

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 Joseph Pankowiecki DATE 3/25/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	LIVELY, TRACY
STREET ADDRESS	803 YATES ST
CITY-ST-ZIP	ORLANDO FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	MCCORMIE, KATHLEEN
STREET ADDRESS	9108 GALLEON DR
CITY-ST-ZIP	ORLANDO FL
TITLE	SDD <input type="checkbox"/> DELETE
NAME	WEHRLE, ROYELLEN
STREET ADDRESS	250 N ORANGE AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	PANKOWIECKI, JOE
STREET ADDRESS	1081 NODDING PINE WAY
CITY-ST-ZIP	CASSELBERRY FL
TITLE	ED <input type="checkbox"/> DELETE
NAME	WHIDDEN, JOYCE
STREET ADDRESS	924 N MAGNOLIA AVE 307
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe Pankowiecki
1.3 STREET ADDRESS	1081 Nodding Pine Way
1.4 CITY-ST-ZIP	Casselberry, FL 32707
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nancy Miller
4.3 STREET ADDRESS	5900 Lake Ellenor Dr
4.4 CITY-ST-ZIP	Orlando FL 32809
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: [Signature] 3/24/98 (407) 422-1540

CR2E037 (10/97)