

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90275 050 ****61.25

0026902

DOCUMENT # 763717

1. Corporation Name

AMERICAN READING FORUM, INC.

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
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/16/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1548325	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

BRISTOR, VALERIE J
2334 CYPRESS BEND DRIVE SOUTH, APT 912
POMPANO BEACH FL 33069

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWHOWER, SARAH	1.2 NAME	Dowhower, Sarah
STREET ADDRESS	5963 FAIRHAM RD	1.3 STREET ADDRESS	700 Waters Edge #21
CITY-ST-ZIP	HAMILTON OH 45011	1.4 CITY-ST-ZIP	Racine, Wis 53402
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BRISTOR, VALERIE	2.2 NAME	
STREET ADDRESS	2334 CYPRESS BEND DR S #912	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33069	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BASS, JO ANN	3.2 NAME	
STREET ADDRESS	P O BOX 2845 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31604	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLERY, ANNE	4.2 NAME	Mallery, Anne
STREET ADDRESS	P O BOX 1002 N/A, MILLERSVILLE UNIV	4.3 STREET ADDRESS	24 Strawberry Lane
CITY-ST-ZIP	MILLERSVILLE PA 17551	4.4 CITY-ST-ZIP	Lancaster, PA 17602
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Valerie J. Bristor Valerie J. Bristor 2/15/99 (561) 297-3584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)