NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 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
2. Principal Place of Business

Mailing Address

C/O BRISTOR. VALERIE. J 2334 CYPRESS BEND DR., S., APT 912 POMPANO BEACH FL 33069

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

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

Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address				06/16/1982					
Set	21	<u></u>	+	26					Anr	lied For		
City & State 3	Suite, Apt.	#, etc.	<u> </u>	+, etc.					_			
Secretary   Secr	22											
Zip Country Zip Country Zip Country	23	e	<del></del>	¬ ·			5. Certifcate of Status Desire	ed []				
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name  BRISTOR, VALERIE J  2334 CYPRESS BEND DRIVE SOUTH, APT 912  POMPANO BEACH FL 33069  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epportment as registered agent, a familiar with, and accept the obligations of Section 617,0502, Florida Statutes, the above-named corporation should of directors. I hereby accept the epportment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epportment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation should institute the provisions of Section 617,0502, Florida Statutes.  SIGNATURE  S	_	Country	Zip		ountry		6. Election Campaign Finan	cing [7				
BRISTOR, VALERIE J 2334 CYPRESS BEND DRIVE SOUTH, APT 912 POMPAND BEACH FL 33069  11. Pursuant to the provisions of Sections 817,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 817,0502 and 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 817,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 817,0503, Florida Statutes.  SIGNATURE	24	25	29	30				Trust Fund Contribution Added to Fee				
BRISTOR, VALERIE J 2334 CYPRESS BEND DRIVE SOUTH, APT 912 POMPANO BEACH FL 33069  84 City FL 85 Zip Code  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 agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, St		9. Name and Address of Current	Registered Agent				10. Name and Address of N	ew Registered	l Agent			
2334 CYPRESS BEND DRIVE SQUTH, APT 912 POMPANO BEACH FL 33069  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sactions 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 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 maintain with, and accept the originations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I maintain with, and accept the originations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I maintain with, and accept the originations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I ment application of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I ment application of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agen					81	Name						
2334 CYPRESS BEND DRIVE SQUTH, APT 912 POMPANO BEACH FL 33069  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sactions 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 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 maintain with, and accept the originations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I maintain with, and accept the originations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I maintain with, and accept the originations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I ment application of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I ment application of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agen	BRISTOR	VALERIE J			82 Street Address (P.O. Box Number is Not Acceptable)							
POMPANO BEACH FL 33069  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 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, lysed or privide round of majeritered agent and itself applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  DOWNHOWER, SARAH  12. NAME  DOWNHOWER, SARAH  13. STREETADRESS  S983 FAIRHAM RD  14. CITY-ST-ZP  RALLIN L, WIG. STREET  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  14. CITY-ST-ZP  RALLIN L, WIG. STREET  Change   Addition  Addition  Change   Change   Addition  Ch			312									
### City   FL   85   Zip Code    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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exponiment as registered agent, and accept the obligations of, Section 617.6503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.6503, Florida Statutes, provided Statutes, agent, and accept the obligations of, Section 617.6503, Florida Statutes, provided Statutes, agent, and accept the obligations of, Section 617.6503, Florida Statutes, provided Statutes, agent, and accept the obligations of, Section 617.6503, Florida Statutes, agent, and accept the obligations of Section 617.6503, Florida Statutes, agent, and accept the obligations of Section 617.6503, Florida Statutes, agent, and accept the obligation of Section 617.6503, Florida Statutes, agent, and accept the obligation of Section 617.6503, Florida Statutes, agent, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation of Section 617.6503, Florida Statutes, and accept the obligation o					83		•		•			
11. Pursuant to the provisions of Sections 517.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered apent, or both. In the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered apent apent or printed name of registered apent apent or printed name or registered apent apent apent or printed name apent	1 01/11 7 11 10	, , , , , , , , , , , , , , , , , , , ,			0.4	City			85 Zin C	ode		
office or registered agent, or both, in the State of Horida. Such certains of 17,0503, Provide Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ITILE  DOWNOWER, SARAH  DOWNOWER, SARAH  SIRRET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  POMPANO BCH FL 33069  DELETE  1.1 TILE  VD  MALLERY, ANNE  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  DOWNOWER, SARAH  DOWNOWER, SARAH  1.3 STREET ADDRESS  7.0 Waters Edge #21  LY 49  Change Addition  Addition  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  SOD  DELETE  1.1 TILE  SD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TYZAGLURE, Wick Addition  TYZAGLURE, SARAH  SON  1.3 STREET ADDRESS  7.0 Waters Edge #21  LY 49  Change Addition  Change Addition  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  SON  MILLERS VILLE PA 17551  DELETE  1.1 TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TYZAGLURE, Wick Addition  TYZAGLURE, SARAH  STREET ADDRESS  GLOVE STATE CORRESS  4.4 CITY-ST-ZP  TILE  NAME  STREET ADDRESS  S						•		·FI	<u>-                                     </u>			
office or registered agent, or both, in the State of Horida. Such certains of 17,0503, Provide Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ITILE  DOWNOWER, SARAH  DOWNOWER, SARAH  SIRRET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  POMPANO BCH FL 33069  DELETE  1.1 TILE  VD  MALLERY, ANNE  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  DOWNOWER, SARAH  DOWNOWER, SARAH  1.3 STREET ADDRESS  7.0 Waters Edge #21  LY 49  Change Addition  Addition  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  SOD  DELETE  1.1 TILE  SD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TYZAGLURE, Wick Addition  TYZAGLURE, SARAH  SON  1.3 STREET ADDRESS  7.0 Waters Edge #21  LY 49  Change Addition  Change Addition  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  SON  MILLERS VILLE PA 17551  DELETE  1.1 TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TYZAGLURE, Wick Addition  TYZAGLURE, SARAH  STREET ADDRESS  GLOVE STATE CORRESS  4.4 CITY-ST-ZP  TILE  NAME  STREET ADDRESS  S	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Flo	rida Statutes, the	above	named cor	poration submits this statement for	r the purpose o	f changing its	registered		
Signature, lyned or printed rame of registerios agent and site if expirated.   (NOTE: Registered Agent acquired with restauting)   (NOTE: STAPE)	office or r	edistered agent, or both. In the State 0	r Fiorida. Such cha	nge was authoriz	zea by i	he corporat	tion's board of directors. I hereby	accept the appo	ointment as reg	jster <b>e</b> d		
TITLE THE DOWNOWER, SARAH SIREET ADDRESS SOGS FAIRHAM RD CITY-ST-ZP THE PD MAME BRISTOR, VALERIE STREET ADDRESS 2334 CYPRESS BEND DR S #912 CITY-ST-ZP THE VD MAME BASS, JO ANN STREET ADDRESS CITY-ST-ZP THE SD MALLERY, ANNE STREET ADDRESS CITY-ST-ZP THE SD MALLERY, ANNE STREET ADDRESS STREET ADDRESS CITY-ST-ZP MILLERSVILLE PA 17551  DELETE  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 7.00 Wators Edica # 21 Addition Addit	SIGNATURE	SIGNATURE    Company   Description   Descrip										
DOWHOWER, SARAH  STREET ADDRESS 5963 FAIRHAM RD  HAMILTON OH 45011  TITLE  PD  DELETE  21 TITLE  PD  DELETE  22 STREET ADDRESS CITY-ST-ZIP  TITLE  VD  STREET ADDRESS POMPANO BCH FL 33069  TITLE  VD  STREET ADDRESS PO BOX 2845 N/A CITY-ST-ZIP  TITLE  SD  MALLERY, ANNE  MALLERY, ANNE  STREET ADDRESS CITY-ST-ZIP  MILLERSVILLE PA 17551  DELETE  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS CITY-ST-ZIP  MILLERSVILLE PA 17551  DELETE  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS CITY-ST-ZIP  MILLERSVILLE PA 17551  DELETE  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS STREET A	12.			1	3.			OFFICERS A	ND DIRECTO	_		
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TITLE PD		DOWHOWER SARAH		1.3	2 NAME		Dowhower, Sa	rall	A.Ft.	er		
TITLE PD				1.3	3 STREET	ADDRESS	700 Waters Edg	e #21	di	wel,		
TITLE PD		<del>  -</del>		1,	4 CITY-ST	.7IP	RAUNE Wis \$	\$5340	2	1999		
NAME BRISTOR, VALERIE STREET ADDRESS 2334 CYPRESS BEND DR S #912 CITY-ST-ZIP POMPANO BCH FL 33069  DELETE JITILE VD DAME BASS, JO ANN STREET ADDRESS CITY-ST-ZIP VALDOSTA GA 31604  STREET ADDRESS CITY-ST-ZIP VALLERY, ANNE MALLERY, ANNE STREET ADDRESS P O BOX 1002 N/A, MILLERSVILLE UNIV MILLERSVILLE PA 17551  DELETE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE ORDERSS GA CITY-ST-ZIP Change Addition							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition		
STREET ADDRESS   2334 CYPRESS BEND DR S #912   23 STREET ADDRESS   2.4 CITY-ST-ZIP   23 STREET ADDRESS   2.4 CITY-ST-ZIP   23 STREET ADDRESS   2.4 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   25 CITY-ST-ZI		• <del>-</del>		2.	2 NAME		•					
CITY-ST-ZIP			9	2	3 STREET	ADORESS						
TITLE VD DELETE 3.1 TITLE 3.2 NAME  NAME BASS, JO ANN  STREET ADDRESS CITY-ST-ZIP VALDOSTA GA 31604  TITLE SD DELETE 4.1 TITLE STREET ADDRESS ACITY-ST-ZIP  NAME MALLERY, ANNE STREET ADDRESS AL CITY-ST-ZIP  MILLERSVILLE PA 17551  DELETE 5.1 TITLE SATE ADDRESS AL CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  DELETE 5.1 TITLE SATE ADDRESS AL CITY-ST-ZIP  DELETE 5.1 TITLE SATE ADDRESS AL CITY-ST-ZIP  MILLERSVILLE PA 17551  DELETE 5.1 TITLE SATE ADDRESS AL CITY-ST-ZIP  DELETE 5.3 STREET ADDRESS AL CITY-ST-ZIP  NAME STREET ADDRESS AL CITY-ST-ZIP			· C		•			•				
NAME   BASS, JO ANN   3.2 NAME   3.3 STREET ADDRESS   VALDOSTA GA 31604   3.4 CITY-ST-ZIP   VALDOSTA GA 31604   4.1 TITLE   SD   Addition   A						-211		<del>,</del>	Change	Addition		
STREET ADDRESS CITY-ST-ZIP TITLE SD NAME MALLERY, ANNE STREET ADDRESS CITY-ST-ZIP MILERSVILLE PA 17551  DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD AACHTY-ST-ZIP AACHTY-ST-ZIP TITLE C-Anne C-Anne C-Anddition Addition Addition C-Anne C-Ann		, · -	_	1		-						
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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 informatio 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:

2/15/99 297

CR2E037 (11/9