

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0074044

DOCUMENT # N97000001641

1. Entity Name

WORLD LITERACY CRUSADE OF FLORIDA, INC.

04-11-2002 90089 012 *****70.00

Principal Place of Business

Mailing Address

~~14295 NW 21 COURT~~
~~OPA LOCKA FL 33054~~
~~US~~

P.O. BOX 693956
 MIAMI FL 33269

2. Principal Place of Business

4610 NW 7 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

4. FEI Number

65-0737649

Applied For

Not Applicable

Zip

Country

33127

U.S.A.

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMPBELL, THEMA
7938 PEPPER PIKE DRIVE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name **Thema Campbell**

Street Address (P.O. Box Number is Not Acceptable)

7910 W. Drive #305

City **North Bay Village**

FL

Zip Code **33141**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten signatures]

03/17/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | CAMPBELL, THEMA | |
| STREET ADDRESS | 7910 W DRIVE #305 | |
| CITY-ST-ZIP | N BAY VILLAGE FL 33141 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | CARTER, LATRISHA | |
| STREET ADDRESS | 20825 NW 9 COURT #201 | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | CANNON, CLAUDETTE | |
| STREET ADDRESS | 16321 NW 18 COURT | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JAMIEDON, CARLOS | |
| STREET ADDRESS | 11741 SW 7 STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BRUNSON, ANTHONY | |
| STREET ADDRESS | 1 EAST BROWARD BOULEVARD, SUITE 110 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2002 (305) 565 5502

Date

Daytime Phone #

CR2E037 (9/01)