

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90045 012 ****61.25

DOCUMENT # 763717

1. Entity Name
AMERICAN READING FORUM, INC.



Principal Place of Business
COEFSTOR VALERIE J
2334 CYPRESS BEND DR S, APT 912
POMPANO BEACH FL 33069 US

Mailing Address
COEFSTOR VALERIE J
2334 CYPRESS BEND DR, S, APT 912
POMPANO BEACH FL 33069 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
58-1548325

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **DOWHOWER, SARAH DR**
STREET ADDRESS **700 WATERS EDGE #21**
CITY-ST-ZIP **RACINE, WI 53402**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD ☐ Delete
NAME **LEWIS, JILL**
STREET ADDRESS **204 LINCOLN AVE.**
CITY-ST-ZIP **HIGHLAND PARK, NJ 08904**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Delete
NAME **FINE, JOYCE**
STREET ADDRESS **6120 NW 99TH WAY**
CITY-ST-ZIP **PARKLAND, FL 33076**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD ☒ Delete
NAME **RANDLETT, ALICE**
STREET ADDRESS **1217 LINDBERG AVE**
CITY-ST-ZIP **STEVENS POINT, WI 54481**

☒ Change ☒ Addition
TITLE
NAME **Lynne D. Miller**
STREET ADDRESS **9661 N.W. 16th. Court**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sarah Dowhower 3/10/04 262-681-7764