

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004619

1. Entity Name
**LITERACY & EDUCATIONAL ABILITY RESOURCE
NETWORK, INC.**



Principal Place of Business
**2 POND'S EDGE DRIVE
CHADDS FORD, PA 19317**

Mailing Address
**P.O. BOX 999
CHADDS, PA 19317**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-3724062

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGGERTY, HOLLY
1611 N. FT. HARRISON AVE.
CLEAR WATER, FL 33755**

**DO NOT WRITE
IN THIS SPACE**

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 revocating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD HAGGERTY, HOLLY 408 N LINCOLN AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSD MOORE, SUSAN D. 2 PONDS EDGE DRIVE CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD MOORE, BRUCES E 2 PONDS EDGE DR. CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HAGGERTY, BRENDAN 408 N LINCOLN AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T DOYLE, DENISE M 2 PONDS EDGE DR. CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

UD00000396773
01/30/06-B0023-010 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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

Bruce E. Moore, Director 1/5/2006 (610) 388 9600

Date

Daytime Phone #