

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N01000004619 1. Entity Name LITERACY & EDUCATIONAL ABILITY RESOURCE NETWORK, INC.	
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Principal Place of Business 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	Mailing Address P.O. BOX 999 CHADDS, PA 19317
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3724062	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAGGERTY, HOLLY 1611 N. FT. HARRISON AVE. CLEAR WATER, FL 33755
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAGGERTY, HOLLY 406 N LINCOLN AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MOORE, SUSAN D. 2 PONDS EDGE DRIVE CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOORE, BRUCES E 2 PONDS EDGE DR. CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGGERTY, BRENDAN 406 N LINCOLN AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOYLE, DENISE M 2 PONDS EDGE DR. CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000712442
04/26/07-80047-014 70.00

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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 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: Denise M. Doyle Denise M. Doyle 3/30/2007 610-388-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer