

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763717

FILED
Apr 03, 2008
Secretary of State

Entity Name: AMERICAN READING FORUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1548325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DOWHOWER, SARAH DR
Address: 700 WATERS EDGE #21
City-St-Zip: RACINE, WI 53402

Title: PD () Delete
Name: FRENCH, MICHAEL
Address: 14075 W POE RD
City-St-Zip: BOWLING GREEN, OH 43402

Title: VD () Delete
Name: FRYE, BETH
Address: APPALACHIAN STATE UNIVERSITY, DEPT LRE
City-St-Zip: BOONE, NC 28608

Title: SD () Delete
Name: MILLER, LYNN D
Address: 9661 NW 16TH CT.
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FRYE, BETH DR
Address: APPALACHIAN STATE UNIVERSITY, DEPT LRE
City-St-Zip: BOONE, NC 28608

Title: VD (X) Change () Addition
Name: PUIG, ENRIQUE DR
Address: 36 SOUTH HAMPTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: SD (X) Change () Addition
Name: MOCK, DEVERY
Address: APPALACHIAN STATE UNIVERSITY, DEPT LRE
City-St-Zip: BOONE, FL 28608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH DOWHOWER

T

04/03/2008

Electronic Signature of Signing Officer or Director

Date