2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763717

Entity Name: AMERICAN READING FORUM, INC.

Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 58-1548325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DOWHOWER, SARAH DR DOUGLAS, KAREN DR Name: Name: 700 WATERS EDGE #21 Address: 10977 SHADOW LANE Address: City-St-Zip: RACINE, WI 53402 City-St-Zip: COLUMBIA, MD 21044

Title: PD () Delete Title: (X) Change () Addition

FRYE, BETH DR Name: MCLEAN, CHERYL DR Name:

Address: APPALACHIAN STATE UNIVERSITY, DEPT LRE Address: 205C GSE: 10 SEMINARY PLACE City-St-Zip: **BOONE, NC 28608** City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: () Delete Title: (X) Change () Addition

PUIG, ENRIQUE DR MILLER, LYNN DR Name: Name:

36 SOUTH HAMPTON AVENUE 9661 NW 16 COURT Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD () Delete Title: () Change () Addition

MOCK, DEVERY Name: Name: APPALACHIAN STATE UNIVERSITY, DEPT LRE Address: Address: City-St-Zip: BOONE, FL 28608 City-St-Zip:

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: KAREN DOUGLAS Т 04/05/2009