

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001641

FILED  
May 01, 2003  
Secretary of State

Entity Name: WORLD LITERACY CRUSADE OF FLORIDA, INC.

**Current Principal Place of Business:**

4610 NW 7 AVE  
MIAMI, FL 33127 US

**New Principal Place of Business:**

6015 NW 7 AVE  
MIAMI, FL 33127 US

**Current Mailing Address:**

P.O. BOX 693956  
MIAMI, FL 33269

**New Mailing Address:**

FEI Number: 65-0737649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CAMPBELL, THEMA  
7910 W. DRIVE #305  
MIAMI, FL 33141 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: DP ( ) Delete  
Name: CAMPBELL, THEMA  
Address: 7910 W DRIVE #305  
City-St-Zip: N BAY VILLAGE, FL 33141

Title: DV ( ) Delete  
Name: CARTER, LATRISHA  
Address: 20825 NW 9 COURT #201  
City-St-Zip: MIAMI, FL 33169

Title: DS ( ) Delete  
Name: CANNON, CLAUDETTE  
Address: 16321 NW 18 COURT  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: JAMIEDON, CARLOS  
Address: 11741 SW 7 STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: CARTER, LATRISHA  
Address: 6015 NW 7 AVENUE  
City-St-Zip: MIAMI, FL 33127

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

Title: D (X) Change ( ) Addition  
Name: JAMIESON, CARLOS  
Address: 6015 NW 7 AVENUE  
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THEMA CAMPBELL

DP

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date