

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000472

**Entity Name:** AND LITERACY FOR ALL, INC.

**Current Principal Place of Business:**

14821 SHRIKE WAY  
FORT MYERS, FL 33908

**Current Mailing Address:**

14821 SHRIKE WAY  
FORT MYERS, FL 33908 US

**FEI Number:** 81-5022717

**Certificate of Status Desired:** No

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

KLEINOW, EDWARD  
14821 SHRIKE WAY  
FORT MYERS, FL 33908 US

*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

**Officer/Director Detail :**

Title PD  
Name CORRIGAN, MARY  
Address 14821 SHRIKE WAY  
City-State-Zip: FORT MYERS FL 33908

Title TD  
Name KLEINOW, EDWARD  
Address 14821 SHRIKE WAY  
City-State-Zip: FORT MYERS FL 33908

Title VPD  
Name BROWN, APRIL DR.  
Address 5642 KENSINGTON LOOP  
City-State-Zip: FORT MYERS FL 33908

Title SD  
Name KILMARTIN, REGINA  
Address 4790 S CLEVELAND AVE #505  
City-State-Zip: FORT MYERS FL 33907

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDWARD KLEINOW

**TREASURER**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date