

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41284

Entity Name: LEARN TO READ, INC.

Current Principal Place of Business:

303 NORTH LAURA STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

P.O. BOX 2178
JACKSONVILLE, FL 32203 US

FEI Number: 23-7153919

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRADSHAW, JUDY
303 NORTH LAURA STREET
JACKSONVILLE, FL 32202 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: JUDY BRADSHAW

02/26/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name WILLIAMS, CAROLYN
Address 303 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name FRY, MARK
Address 303 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name JOHNSON, ANN
Address 303 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, DIRECTOR
Name CLIFTON, JOSHUA
Address 303 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER, DIRECTOR
Name HARRISON, KATHY
Address 303 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MARTIN, MARGO
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name NATALIE, STOCKTON
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name CRAWFORD, CAROLINE
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

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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: JUDY BRADSHAW

EXECUTIVE DIRECTOR

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROYAL, DESIRAE
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name VOISELLE, DANA
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name MEIDE, MOSES
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name SWEET, WILBUR
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name LAIDLER, SARAH
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203

Title EXECUTIVE DIRECTOR
Name BRADSHAW, JUDY
Address P.O. BOX 2178
City-State-Zip: JACKSONVILLE FL 32203