

**2014 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:** No

**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

03/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S/D  
Name WILLIAMS, DR. CAROLYN  
Address 303 NORTH LAURA STREET  
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title VP/D  
Name CLIFTON, JOSHUA  
Address 303 NORTH LAURA STREET  
City-State-Zip: JACKSONVILLE FL 32202

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

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

*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:** JOSHUA CLIFTON

VP/D

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date