

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41284

**FILED**  
**Mar 28, 2017**  
**Secretary of State**  
**CC6142828067**

**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

03/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            TREASURER  
Name            WILDE, CLAY  
Address        PO BOX 2178  
City-State-Zip: JACKSONVILLE FL 32203

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

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

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

Title            DIRECTOR  
Name            LOCKHART, MELISSA  
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**

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MARTIN, MARGO  
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 MEIDE, MOSES  
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