TALLAHASSEE, FLORIDA

NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APR -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718291** **(8)**

1. Corporation Name

ADULT LITERACY LEAGUE, INC.

Principal Place of Business	Mailing Address
~~800 W CENTRAL BLVD~~ ~~ORLANDO FL 32805~~	~~800 W CENTRAL BLVD~~ ~~ORLANDO FL 32805~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1970
3a. Date of Last Report: 04/25/1994
4. FEI Number: 23-7076600 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 924 N. Magnolia Ave	26 924 N. Magnolia Ave.
Suite, Apt. #, etc. 22 Suite 307	Suite, Apt. #, etc. 27 Suite 307
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip / Country 24 32803 / 25	Zip / Country 29 32803 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~COX, PEGGY~~ ~~3912 HARBOR DRIVE~~ ~~ORLANDO FL 32806~~	81 Name: Ron Tyson 82 Street Address (P.O. Box Number is Not Acceptable): 1701 Palmer Avenue 83 84 City: Winter Park FL 85 Zip Code: 32789

11. (X) Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Peggy T. Cox — April 17, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE	DP (President)	☒ Change ☐ Addition
NAME	~~COX, PEGGY~~	12 NAME	Ron Tyson	
STREET ADDRESS	~~3912 HARBOR DRIVE~~	13 STREET ADDRESS	1701 Palmer Avenue	
CITY ST ZIP	~~ORLANDO FL~~	14 CITY ST ZIP	Winter Park, FL 32789	
TITLE	~~DVP~~	21 TITLE	DVP (Vice-President)	☒ Change ☐ Addition
NAME	~~MIHELICH, LISA~~	22 NAME	Melissa Sublette NA	
STREET ADDRESS	~~108 VARIETY TREE CIRCLE~~	23 STREET ADDRESS	P.O. Box 593330	
CITY ST ZIP	~~ALTAMONTE SPRINGS FL~~	24 CITY ST ZIP	Orlando, FL 32859	
TITLE	~~DSS~~	31 TITLE	DSS (Secretary)	☒ Change ☐ Addition
NAME	~~HOUGTON, MARY RUTH~~	32 NAME	Tracy Burtlett	
STREET ADDRESS	~~% 800 W CENTRAL BLVD~~	33 STREET ADDRESS	1901 Illinois Street	
CITY ST ZIP	~~ORLANDO FL~~	34 CITY ST ZIP	Orlando, FL 32803	
TITLE	~~DT~~	41 TITLE	DT (Treasurer)	☒ Change ☐ Addition
NAME	~~MAEDER, CAROLYN~~	42 NAME	Joanne C. Serros	
STREET ADDRESS	~~8201 GANDBERRY BLVD~~	43 STREET ADDRESS	2649 Brookside Court	
CITY ST ZIP	~~ORLANDO FL~~	44 CITY ST ZIP	Maitland, FL 32751	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joanne C. Serros — Joanne C. Serros — April 17, 1995 — (407) 246-6092
SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031499