2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90084 022 ****70.00

DOCUMENT # 718291

1. Entity Name
ADULT LITERACY LEAGUE, INC.

Principal Place of Business	Mailing Address
345 W. MICHIGAN ST. SUITE 100 ORLANDO, FL 32806 US	345 W. MICHIGAN ST. SUITE 100 ORLANDO, FL 32806 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7076600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGLEY, RENA 932 SUMMER LAKES DR ORLANDO, FL 32835	Name: Kathryn Kinsley Street Address (P.O. Box Number is Not Acceptable): 13810 Marine DR. City: Orlando, FL. 32832 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kathryn Kinsley 2-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PORTER, DAVID C/O ORLANDO SENTINEL, 633 N ORANGE AVE ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD David Porter c/o Orlando Sentinel 633 N. Orange Ave, Orlando, FL. 32801 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DILLON, PAUL 500 S. ORANGE AVE ORLANDO, FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sharon Jallad 1830 Fawsett Rd. Winter Park, FL 34789 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KINSLEY, KATHRYN C/O DATAWISE, INC., PO BOX 532040 ORLANDO, FL 32853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kathryn Kinsley 13810 Marine DR. Orlando, FL 32832 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SQUIRES, GREY 2 S ORANGE AVE 5TH FLOOR ORLANDO, FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mike Wack 111 N. Orange Ave. #1100 Orlando, FL 32811 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD WHIDDEN, JOYCE 345 W. MICHIGAN ST. #100 ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn C Kinsley 2-18-05 407-422-1540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #