FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731699 (5)

1. Corporation Name

LEE LITERACY COUNCIL, INC.

Principal Place of Business	Mailing Address
1735 JACKSON ST P. O. BOX 780 FT MYERS FL 33902-7780	1735 JACKSON ST P. O. BOX 780 FT MYERS FL 33902-7780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1975
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1650220 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

ROBINSON, FLORENCE
1427 ROSE LANE
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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 Florence M. Robinson Florence M. Robinson, Prog. Dir 4-12-95
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, FLORENCE	12 NAME		
STREET ADDRESS	1427 ROSE LANE	13 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, JEANNE	22 NAME		
STREET ADDRESS	6481 BRIGHT ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, MARJORIE	32 NAME		
STREET ADDRESS	9200 LITTLETON RD. #252	33 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WALKER, CONNIE	42 NAME		
STREET ADDRESS	2626 SECOND ST.	43 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DE GRAFF, DOROTHY	52 NAME		
STREET ADDRESS	~~1701 BALLARD ROAD~~ 273 Poinsettia Dr.	53 STREET ADDRESS		
CITY-ST-ZIP	~~N FT MYERS FL~~ Fort Myers, FL 33905	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PUTTERBAUGH, JANE	62 NAME		
STREET ADDRESS	230 CRESCENT LAKE DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	NORTH FT. MYERS FL	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: Florence M. Robinson Florence M. Robinson 4/12/95 813/337-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049044