



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90055 007 \*\*\*\*61.25

<b>DOCUMENT # 747121</b> 1. Entity Name <b>THE LITERACY COUNCIL OF SARASOTA, INC.</b>					
Principal Place of Business <b>1750-17 TH STREET</b> <b>BLDG H</b> <b>SARASOTA, FL 34234 US</b>			Mailing Address <b>1750-17 TH STREET</b> <b>BLDG H</b> <b>SARASOTA, FL 34234 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>BLDG D</b> City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc. <b>BLDG D</b> City & State  Zip                      Country		<b>60011570</b> 	
01302006    Chg-NP                      CR2E037 (11/05)				4. FEI Number <b>59-1911680</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PASHO, PHILIP B</b> <b>1750 17TH ST</b> <b>BLDG H</b> <b>SARASOTA, FL 34234</b>			7. Name and Address of New Registered Agent  Name <b>WILLIAM L. KNAPP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 17TH STREET</b> <b>BLDG D</b> City <b>FL</b> Zip Code <b>SARASOTA</b> <b>34234</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>RICH, MELODIE</b> <b>1205 50TH ST</b> <b>BRADENTON, FL 34208</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>COURTOIS, PATRICIA</b> <b>333 N ORANGE AVE</b> <b>SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>WILLIAM L. KNAPP</b> <b>4809 FEATHERBED LANE</b> <b>SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>JANE T. KNAPP</b> <b>4809 FEATHERBED LANE</b> <b>SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <b>JAMES M. HABERMAN</b> <b>PO BOX 17575</b> <b>SARASOTA, FL 34276</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT</b> <b>CAROL DARLING</b> <b>4748 BENEVA RD, SCT I</b> <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Melodie A. Rich</i> <b>Melodie A. Rich Treasurer</b> <b>2/3/06</b> <b>941</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					