

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90207 029 \*\*\*\*61.25

**DOCUMENT # 747121**

1. Entity Name  
THE LITERACY COUNCIL OF SARASOTA, INC.



Principal Place of Business  
1750-17 TH STREET  
BLDG D  
SARASOTA, FL 34234 US

Mailing Address  
1750-17 TH STREET  
BLDG D  
SARASOTA, FL 34234 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1911680

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KNAPP, WILLIAM L  
100 CENTRAL AVE  
#507  
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2008**

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 T ☒ Delete  
NAME RICH, MELODIE  
STREET ADDRESS 12303 30TH STE. SE  
CITY-ST-ZIP PARRISH, FL 34219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME DARLING, CAROL  
STREET ADDRESS 4748 BENEVA RD., SCT 1  
CITY-ST-ZIP SARASOTA, FL 34233

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME HABERMAN, JAMES M  
STREET ADDRESS P.O. BOX 17575  
CITY-ST-ZIP SARASOTA, FL 34276

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME KNAPP, JANE T  
STREET ADDRESS 100 CENTRAL AVE  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME KNAPP, WILLIAM L  
STREET ADDRESS 100 CENTRAL AVE  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: William Knapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

Daytime Phone #