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

DOCUMENT # 753373 (0)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:54

1. Corporation Name
THE COUNCIL OF VOLUNTEER READING TUTORS, INC.

Principal Place of Business
C/O MARY JANE BRAUN
1437 OLDFIELD DRIVE
TALLAHASSEE FL 32312

Mailing Address
C/O MARY JANE BRAUN
110 N. ADAMS
TALLAHASSEE FL 32301-7777
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 07/16/1980
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2078253 ☐ 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

9. Name and Address of Current Registered Agent
BRAUN, MARY JANE
1437 OLDFIELD DRIVE
TALLAHASSEE FL 32312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KECK, ALBERT P.
STREET ADDRESS	5430 EASTON POINTE WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	ELLIS, SHIRLEY
STREET ADDRESS	1625 CENTERVILLE RD., #47
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD
NAME	SHERFF, VAN
STREET ADDRESS	2965 SHAMROCK N., #19
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PD
NAME	KECK, EVELYN
STREET ADDRESS	5430 EASTON POINTE WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	CARUTHERS, SYLVIA
STREET ADDRESS	3701 FOXFORD CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	BRAINERD, FLORENCE
STREET ADDRESS	2014 RABBIT HILLS DR
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(i), 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: Albert P. Keck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/95 (904) 877-8377
Date Daytime Phone #

0001820