

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **753373** (0)

1. Corporation Name

THE COUNCIL OF VOLUNTEER READING TUTORS, INC.



Principal Place of Business

Mailing Address

C/O MARY JANE BRAUN
1437 OLDFIELD DRIVE
TALLAHASSEE FL 32312

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

3. Date Incorporated or Qualified
07/16/1980

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2078253

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAUN, MARY JANE
1437 OLDFIELD DRIVE
TALLAHASSEE FL 32312

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE
NAME TD
STREET ADDRESS KECK, ALBERT P.
CITY-ST-ZIP 5430 EASTON POINTE WAY
TALLAHASSEE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32311**

TITLE ☐ DELETE
NAME ~~SD~~
STREET ADDRESS ELLIS, SHIRLEY
CITY-ST-ZIP 1625 CENTERVILLE RD., #47
TALLAHASSEE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **32308**

TITLE ☐ DELETE
NAME VD
STREET ADDRESS SHERFF, VAN
CITY-ST-ZIP 2965 SHAMROCK N., #19
TALLAHASSEE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **32308**

TITLE ☐ DELETE
NAME ~~PR~~
STREET ADDRESS KECK, EVELYN
CITY-ST-ZIP 5430 EASTON POINTE WAY
TALLAHASSEE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **32311**

TITLE ☒ DELETE
NAME D
STREET ADDRESS CARUTHERS, SYLVIA
CITY-ST-ZIP 3701 FOXFORD CIRCLE
TALLAHASSEE FL

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME SD
5.3 STREET ADDRESS PALY HELEN
5.4 CITY-ST-ZIP 299 TICAL LANE
TALLAHASSEE, FL **32308**

TITLE ☐ DELETE
NAME D
STREET ADDRESS BRAINERD, FLORENCE
CITY-ST-ZIP 2814 RABBIT HILLS DR
TALLAHASSEE FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **32312**

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:

Albert P. Keck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT P. KECK

1/20/96

921-1431

Date

Daytime Phone

CR2E037 (12/95)