


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 G/O MARY JANE BRAUN 1437 OLDFIELD DRIVE TALLAHASSEE FL 32312	Mailing Address 1700 NORTH MERIDIAN ROAD TALLAHASSEE FL 32303 US
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2. Principal Place of Business 21 1700 NORTH MERIDIAN RD	2a. Mailing Address 26
Suite, Apt. #, etc. 22 TALLAHASSEE, FL.	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32303	Country 25 LEON
Zip 29	Country 30

3. Date Incorporated or Qualified 07/16/1980	
4. FEI Number 59-2078253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRAUN, MARY JANE 1437 OLDFIELD DRIVE TALLAHASSEE FL 32312	
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10. Name and Address of New Registered Agent	
81 Name KECK, ALBERT P	
82 Street Address (P.O. Box Number is Not Acceptable) 2047 OWENBY DRIVE	
83 City	
84 City TALLAHASSEE	FL 85 Zip Code 32308-4337

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 Albert P. Keck ALBERT P. KECK 1/23/98 (NOTE: Registered Agent signature required when reinstating.)	
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KECK, ALBERT P. 5430 EASTON POINTE WAY TALLAHASSEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, SHIRLEY 1625 CENTERVILLE RD., #47 TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERFF, VAN 2965 SHAMROCK N., #19 TALLAHASSEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KECK, EVELYN 5430 EASTON POINTE WAY TALLAHASSEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALY, HELEN 299 TEAL LANE TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAINERD, FLORENCE 2814 RABBIT HILLS DR TALLAHASSEE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD KECK, ALBERT P. 2047 OWENBY DRIVE TALLAHASSEE, FL 32308-4337 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD DIXON, MEGAN 305 BIRCH LANE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D KECK, EVELYN H. 2047 OWENBY DRIVE TALLAHASSEE, FL 32308-4337 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD BURLEY, LYLE 203 EL LAKESHORE DRIVE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 ALBERT P. KECK 1/9/98 (SSO) 921-1431	
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CR2E037 (10/97)