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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753373

1. Corporation Name

THE COUNCIL OF VOLUNTEER READING TUTORS, INC.

Principal Place of Business

1700 NORTH MERIDIAN RD
TALLAHASSEE FL 32303
US

Mailing Address

1700 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/16/1980

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

9. Name and Address of Current Registered Agent

KECK, ALBERT P
2047 OWENBY DR
TALLAHASSEE FL 32308

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 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

TITLE TD
NAME KECK, ALBERT P.
STREET ADDRESS 2047 OWENBY DR
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE ~~PD~~ VD
NAME DIXON, MEGAN
STREET ADDRESS 305 BIRCH LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ DELETE

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

☒ DELETE

TITLE D
NAME KECK, EVELYN H
STREET ADDRESS 2047 OWENBY DR
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE SD
NAME BURLEY, LYLE
STREET ADDRESS 203 E LAKESHORE DR
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ DELETE

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

☐ DELETE

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 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, with all other like empowered.

SIGNATURE:

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

1/23/99 (05) 921-1431
Date Daytime Phone #

CR2E037 (11/98)