

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 # 753773 (1)

1. Corporation Name

LEARN TO READ VOLUNTEERS OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

**1300 E SUNRISE BLVD
FT. LAUDERDALE FL 33304**

**1300 E SUNRISE BLVD
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PERRY, MARGARET J.
629 SW 8TH TERRACE
FT. LAUDERDALE FL 33315**

3. Date Incorporated or Qualified

08/15/1980

3a. Date of Last Report

04/12/1995

4. FEI Number

59-7226476

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

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

Richard W. Martin

RICHARD W. MARTIN, TREAS.

2-20-96

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 **D** ☒ DELETE
NAME **ABERS, DIANE M**
STREET ADDRESS **NATIONSBANK 1 FINANCIAL PLAZA**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **PERRY, MARGARET M**
STREET ADDRESS **629 SW 8TH TERRACE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **CORRIGAN, FRANK**
STREET ADDRESS **619 ORTON AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **MARTIN, RICHARD**
STREET ADDRESS **8211 NW 8 PLACE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE
NAME **GROSS, BONNIE**
STREET ADDRESS **1787 NE 21 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **T** ☐ DELETE
NAME **DUBOW, PHILLIS**
STREET ADDRESS **215 N. FEDERAL HWY.**
CITY-ST-ZIP **DANIA FL 33004**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **ERNEST D. MOORE**
1.3 STREET ADDRESS **701 N.E. 18TH AVE**
1.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

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 **TREASURER** ☒ 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 **DIRECTOR** ☒ 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)(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:

Richard W. Martin

RICHARD W. MARTIN

Date

Daytime Phone #

2-20-96 (954) 765-4930

CR2E037 (12/95)