

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 # 755042 (9)

1. Corporation Name

LEARN TO READ VOLUNTEERS OF MIAMI, INC.



Principal Place of Business

**12800 NE 6 AVE
N MIAMI FL 33161
US**

Mailing Address

**12800 NE 6 AVE
N MIAMI FL 33161
US**

3. Date Incorporated or Qualified

11/07/1980

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDBAUER, BARBARA
1620 MICANOPY AVENUE
MIAMI FL 33133**

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
FRIEDBAUER, BARBARA**
STREET ADDRESS **1620 MICANOPY AVE.**
CITY- ST- ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **PD
JACKSON, JULIA**
STREET ADDRESS **10250 JAMAICA DR**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DVP
MCINTOSH, PAT**
STREET ADDRESS **313 NE 92 92 ST**
CITY- ST- ZIP **MIAMI SHORES FL**

TITLE ☐ DELETE

NAME **D
GIBSON, ANN**
STREET ADDRESS **1065 NE 143 ST**
CITY- ST- ZIP **N MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA FRIEDBAUER

Date

Daytime Phone #

CR2E037 (12/95)