

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 018 *****61.25

DOCUMENT # 763717

1. Entity Name
AMERICAN READING FORUM, INC.



Principal Place of Business
**C/O BRISTOR, VALERIE, J
2334 CYPRESS BEND DR. S., APT 912
POMPANO BEACH, FL 33069 US**

Mailing Address
**C/O BRISTOR, VALERIE, J
2334 CYPRESS BEND DR., S., APT 912
POMPANO BEACH, FL 33069 US**

50005625



03222006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
58-1548325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRISTOR, VALERIE J
2334 CYPRESS BEND DRIVE SOUTH, APT 912
POMPANO BEACH, FL 33069**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **DOWHOWER, SARAH DR**
STREET ADDRESS **700 WATERS EDGE #21**
CITY-ST-ZIP **RACINE, WI 53402**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VD ☒ Delete
NAME **LEWIS, JILL**
STREET ADDRESS **204 LINCOLN AVE.**
CITY-ST-ZIP **HIGHLAND PARK, NJ 08904**

VD ☐ Change ☒ Addition
NAME **Michael French**
STREET ADDRESS **14075 W. Poe Road**
CITY-ST-ZIP **Bowling Green, OH 43402**

PD ☒ Delete
NAME **FINE, JOYCE**
STREET ADDRESS **6120 NW 99TH WAY**
CITY-ST-ZIP **PARKLAND, FL 33076**

PD ☐ Change ☒ Addition
NAME **Jill Lewis**
STREET ADDRESS **204 Lincoln Ave.**
CITY-ST-ZIP **Highland Park, NJ 08904**

SD ☐ Delete
NAME **MILLER, LYNNE D**
STREET ADDRESS **9661 NW 16TH CT.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sarah Dowhower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 262-661-7764

Date

Daytime Phone #