


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # 766818</b>		
1. Entity Name <b>MARTIN COUNTY LITERACY COUNCIL, INCORPORATED</b>		
Principal Place of Business <b>2351 MONTEREY ROAD STUART, FL 34996 US</b>		Mailing Address <b>2351 MONTEREY ROAD STUART, FL 34996 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LITTAUER, STEPHEN 3041 SW MONTEBELLO PLACE PALM CITY, FL 34990</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, LEE 23 SIMARA ST SEWALLS PT, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LITTAUER, STEPHEN 3041 SW MONTEBELLO PLACE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD KIMMELMAN, SANDY 108 ABBIE CT SEWALLS PT, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JOAN 644 BRYANT AVE STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALLEY, RACHELLE 2024 SW SANDBURST WAY PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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.		
<b>SIGNATURE:</b> <i>Stephen Litterer</i> <b>Stephen Litterer</b> 1/8/04 772-253-4088 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2382435</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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01/13/04-80038-010 61.25

**DO NOT WRITE  
IN THIS SPACE**