


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 PM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768509 (2)  
1. Corporation Name  
**LEARN TO READ OF CITRUS COUNTY, INC.**

Principal Place of Business: 13 MORNING GLORY COURT HOMOSASSA FL 34446  
Mailing Address: 13 MORNING GLORY COURT HOMOSASSA FL 34446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1983  
3a. Date of Last Report: 04/12/1994

4. FEI Number: 59-2876689  
Applied For: Not Applicable

2. Principal Place of Business (21) 2a. Mailing Address (2a)  
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

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

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
VERGE, ERNIE  
13 MORNING GLORY COURT  
HOMOSASSA FL 34446

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCOTT, DOLLI
STREET ADDRESS	18 BOXELDER CT
CITY- ST- ZIP	HOMOSASSA FL
TITLE	VD
NAME	FENTON, GEORGE
STREET ADDRESS	4041 S. SKYLINK TERR
CITY- ST- ZIP	HOMOSASSA FL
TITLE	TD
NAME	MILLER, NORMAN
STREET ADDRESS	4931 W. ZIGGY ST
CITY- ST- ZIP	CRYSTALL RIVER FL
TITLE	SD
NAME	BRYSON, JANE
STREET ADDRESS	8791 HENDERSON TR
CITY- ST- ZIP	INVERNESS FL
TITLE	D
NAME	VERGE, ERNIE
STREET ADDRESS	13 MORNING GLORY CT
CITY- ST- ZIP	HOMOSASSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernie Verge ERNIE VERGE 4/24/95 (904) 382-0209  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #