

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 # **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**

3. Date Incorporated or Qualified
05/18/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2878689

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VERGE, ERNIE
13 MORNING GLORY COURT
HOMOSASSA FL 34446**

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 '92

TITLE **PD** ☐ DELETE
NAME **SCOTT, DOLLI**
STREET ADDRESS **18 BOXELDER CT**
CITY - ST - ZIP **HOMOSASSA FL**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **ELIZABETH ZARBOCK**
1.3 STREET ADDRESS **4224 E. SUNUP CT**
1.4 CITY - ST - ZIP **INVERNESS, FL 34450**

TITLE **VD** ☐ DELETE
NAME **FENTON, GEORGE**
STREET ADDRESS **4041 S. SKYLAND TERR**
CITY - ST - ZIP **HOMOSASSA FL**

2.1 TITLE **RECORDING SECRETARY** ☒ Change ☐ Addition
2.2 NAME **ANN ROGERS**
2.3 STREET ADDRESS **12475 E STATE PT**
2.4 CITY - ST - ZIP **INVERNESS, FL 34450**

TITLE **TD** ☐ DELETE
NAME **MILLER, NORMAN**
STREET ADDRESS **4931 W. ZIGGY ST**
CITY - ST - ZIP **CRYSTALL RIVER FL**

3.1 TITLE **CORRESPONDING SEC.** ☒ Change ☐ Addition
3.2 NAME **BETTY ELLIS**
3.3 STREET ADDRESS **95 CYPRESS CIRCLE**
3.4 CITY - ST - ZIP **HOMOSASSA, FL 34446**

TITLE **SD** ☐ DELETE
NAME **BRYSON, JANE**
STREET ADDRESS **8791 HENDERSON TR**
CITY - ST - ZIP **INVERNESS FL**

4.1 TITLE **TREASURER** ☒ Change ☐ Addition
4.2 NAME **MARY ELLEN MAGARCA**
4.3 STREET ADDRESS **55674 E. STOKES PERRY RD**
4.4 CITY - ST - ZIP **HERNANDO, FL 34442**

TITLE **D** ☐ DELETE
NAME **VERGE, ERNIE**
STREET ADDRESS **13 MORNING GLORY CT**
CITY - ST - ZIP **HOMOSASSA FL**

5.1 TITLE **(?) D DIRECTOR** ☐ Change ☐ Addition
5.2 NAME **ERNIE VERGE**
5.3 STREET ADDRESS **13 MORNING GLORY CT**
5.4 CITY - ST - ZIP **HOMOSASSA, FL 34446**

TITLE **(?) D** ☐ DELETE
NAME **LAWRENCE RAYMOND**
STREET ADDRESS **6 DOUGLAS CT**
CITY - ST - ZIP **HOMOSASSA FL 34446**

6.1 TITLE **800001818828** ☐ Change ☐ Addition
6.2 NAME **-05/13/96--01058--005**
6.3 STREET ADDRESS *****61.25**
6.4 CITY - ST - ZIP **6-1-96**

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:

Ernie Verge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernie Verge
Date

4/20/96
Daytime Phone #

CR2E037 (12/95)