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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 34446-5420

3. Date Incorporated or Qualified  
05/18/1983

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

TITLE D  
NAME RAYMOND, LAWRENCE  
STREET ADDRESS 6 DOUGLAS CT.  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE VD  
NAME FENTON, GEORGE  
STREET ADDRESS 4041 S. SKYLAND 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 PD  
NAME SCOTT, DOLLI  
STREET ADDRESS 18 BOXELDER CT.  
CITY-ST-ZIP HOMOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PD  
2.2 NAME EDWARD FRANZ  
2.3 STREET ADDRESS 2053 E KENNETT DR.  
2.4 CITY-ST-ZIP HERNANDO, FL 34442

3.1 TITLE D  
3.2 NAME BESSIE ELLIS  
3.3 STREET ADDRESS 95 CYPRESS CIR  
3.4 CITY-ST-ZIP HOMOSASSA, FL 34446

4.1 TITLE D  
4.2 NAME PAMELA ATKINSON  
4.3 STREET ADDRESS 9096 BELLA VISTA CT.  
4.4 CITY-ST-ZIP FLORAL CITY FL 34436

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE SD  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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* 3/26/97 203-232-0206

CR2E037 (9/96)