FILED

98 OCT 16 PM 4:21

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State > DIVISION OF CORPORATIONS

DOCUMENT # F95900000295 (4)

## LAUBACH LITERACY INTERNATIONAL INCORPORATED

LAUBACH LITERACY INTERNATIONAL INCORPORATED												SECRETARY OF STATE		
Principal Place of Business Mailing Address											- I EMDISON THE THINK MESTER MOSTI WHITE EMSTER MATTER MATTER THE THE THE MITTER THE MIT	ll.		
1320 JAMESVILLE AVE., BOX 131 1320 JAMESVILLE AVE., BO SYRACUSE NY 13210-0131 SYRACUSE NY 13210-0131									X 131			Date Incorporated or Qualified     01/19/1995		
											4. FEI Number Applied For 52-0743365 Not Applied			
2. F	2. Principal Place of Business					2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional		
21						26						Fee Required		
22	Suite, Apt. #, etc.					Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	ity & Stat	е			1-1-	City & State						7. Is this nonprofit corporation a homeowners association?		
23						28 -						Yes X No		
_	Lip .	' <u> </u>				Zip			Country			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes XNo		
24						29 30						Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent									81	Name		io. Name and Address of first Negation Agent		
CT CORPORATION SYSTEM									82	Stroot	A didro	Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD								82 Street A			Audies	sss (F.O. box Number is Not Acceptable)		
PLANTATION FL 33324									83					
									84	City		Zip Code		
11. 1	11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corp										poration	ion submits this statement for the purpose of changing its registered		
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														
40		Signature, typed	or print				QN)		ed Ag	ent signatur	re require	red when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12. OFFICERS AND DIRECTORS TITLE VCT DELETE									13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME			티	ZARETH LOUI		ليا	DELETE	1.2 N						
NAME GAYLORD, ELIZABETH LOUI STREET ADDRESS 823 BRIAR RIDGE DR									1.3 STREET ADDRESS					
CITY-ST-ZIP HOUSTON TX									1.4 CITY-ST-ZIP			*****61.25 *****61.25	•	
TITLE CT						DELETE						Change Addit		
	NAME SHAW, JULIA P							2.2 NAME			711	IOMAS E, NORL IH	rçi i	
STREET ADDRESS 447 E. LAKE SAMMAMISH PKWY.						SE 2						903 KIRBY ORIDE		
CITY-ST-ZIP REDMOND WA										ZIP		SUSTON, TX 77019		
TITLE		PTCE				🗀	DELETE .	3.1 TI			PT		ion	
NAME		CASWELL	. RO	BERT F		-		3.2 N	ME		<b>`</b> ノ`			
STREE	ET ADDRESS		•	LLE AVENUE				3.3 ST	REET	ADDRESS				
CITY-S	ST-ZIP	SYRACUS	ΕN	Y				3.4 CI	TY-ST	-ZIP				
TITLE		ST				X	DELETE	4.1 TE	TLE		7,	TR ☐ Change ☑ Addit	ian	
NAME		LAUBACH	, EU	GENE E.		_		4.2 N	ME.		DA	AUID J DESILVA		
STREE	T ADDRESS	507 FOUL	KEV	/AYS				4.3 ST	REET.	ADDRESS	85	364 8044 MERRIMAL DR.		
CITY-ST-ZIP GWYNEDO PA						4,4			CITY-ST-ZIP //		m	RANKIUS NY 13/04		
TILE		Ţ		<u> </u>		×	DELETE	5.1 TI	ILE		57	T/R Change 🔀 Addit	ion	
NAME		GREENFIE	LD,	alton				5.2 N	ME		GA	ARY DIXOM		
STREET ADDRESS 616 LUND AVE NE						5.3 S				ADDRESS	29	ARY DIXON 14 South 850 EAST		
CITY	ST-ZIP	SPRING L	AKE	PARK MN				5.4 CI	TY-ST	ZIP	K	AUSUILLE UT 84037		
TITLE							DELETE	6.1 TI	TLE		T,	Change 🔀 Addit	ion	
NAME	į							6.2 N/	ME		DON	VALO WRAFA		

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. 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 it is 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 both that I am an officer of director of the corporation of 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 or an attachment with an address.