2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N00000004591

Entity Name: DADE READING COUNCIL, INC.

Current Principal Place of Business:

JANET DIAZ
4200 SW 112 CT
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

JANET DIAZ DADE READING COUNCIL
P O BOX 651487
MIAMI, FL 33265

New Mailing Address:

FEI Number: 65-1027569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVY, BRIAN D
4052 VENTURA AVE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: DIAZ, JANET
Address: PO BOX 651487
City-St-Zip: MIAMI, FL 33265

Title: D ( ) Delete
Name: BLANCHFIELD, LINDA
Address: PO BOX 651487
City-St-Zip: MIAMI, FL 33265

Title: P ( ) Delete
Name: ROSENTHAL, SUSAN
Address: PO BOX 651487
City-St-Zip: MIAMI, FL 33265

Title: VP ( ) Delete
Name: JHONES, KRISTINA
Address: PO BOX 651487
City-St-Zip: MIAMI, FL 33265

Title: S ( ) Delete
Name: STEINBERG, GLENN
Address: PO BOX 651487
City-St-Zip: MIAMI, FL 33265

Title: VP (X) Delete
Name: CARDONA, MARCIA
Address: PO BOX 651487
City-St-Zip: MIAMI, FL 33265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CARDONA, MARCIA
Address: PO BOX 651487
City-St-Zip: MIAMI, FL 33265

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BLANCHFIELD D 03/29/2009

Electronic Signature of Signing Officer or Director — Date