2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OF DIRECTOR

Mar 09, 2004 8:00 am Secretary of State DOCUMENT # N0000005534 1. Entity Name 03-09-2004 90006 013 ****61.25 BORN TO READ, INC. Principal Place of Business Mailing Address P O BOX 2410 P O BOX 2410 54016086 DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3698504 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STERLING, JOHN T Street Address (P.O. Box Number is Not Acceptable) 145 GRANADA ST DAYTONA BEACH FL 32117 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete STERLING, JOHN NAME NAME 145 GRANADA ST STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32117 CITY-ST-ZIP CITY-ST-ZIP VD Change ☐ Addition TITLE ☐ Delete TITLE GRANT, LORI NAME NAME 3747 W. INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32117 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITI F ☐ Change X Addition SCHLAGETER, D K Sterling, Jean NAME P O BOX 2410 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32115 CITY-ST-ZIP CITY-ST-ZIP TD TM E ☐ Delete TITLE ☐ Change ☐ Addition WARNER, SHIRLEY NAME NAME 226 ORMOND DR STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change □ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ΠΠF ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED