


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90106 036 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000005534	
<b>1. Entity Name</b> BORN TO READ, INC.	

<b>Principal Place of Business</b> P O BOX 2410 DAYTONA BEACH, FL 32115	<b>Mailing Address</b> 145 GRANADA ST DAYTONA BEACH, FL 32117
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<b>2. Principal Place of Business - No P.O. Box #</b> 145 Granada St	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> Holly Hill FL	<b>City &amp; State</b>
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<b>Zip</b> 32117	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>
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<b>6. Name and Address of Current Registered Agent</b>	
STERLING, JOHN T 145 GRANADA ST DAYTONA BEACH, FL 32117	

60011939



02032007 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 59-3698504	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STERLING, JOHN		<b>NAME</b>	
<b>STREET ADDRESS</b> 145 GRANADA ST		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32117		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PHILIO, CHER		<b>NAME</b> V.D. Andrew Moore, Andrew	
<b>STREET ADDRESS</b> 655 CLYDE MORRIS BLVD., STE A		<b>STREET ADDRESS</b> 729 Loomis Ave, Title I	
<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32114		<b>CITY-ST-ZIP</b> Daytona Beach FL 32115	
<b>TITLE</b> SD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STERLING, JEAN		<b>NAME</b>	
<b>STREET ADDRESS</b> 145 GRANADA ST		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32117		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> TD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WARNER, SHIRLEY		<b>NAME</b>	
<b>STREET ADDRESS</b> 226 ORMOND DR		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32176		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.**

<b>SIGNATURE:</b> John T Sterling	<b>Signature and Typed or Printed Name of Signing Officer or Director</b>	<b>Date</b> 2-5-07	<b>Daytime Phone #</b> 386-677-0722
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