

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007748

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: RIGHT TO READ, INC.

## Current Principal Place of Business:

19 GLENCAIRN RD.  
PALM BEACH GARDENS, FL 33418

## New Principal Place of Business:

## Current Mailing Address:

19 GLENCAIRN RD.  
PALM BEACH GARDENS, FL 33418

## New Mailing Address:

FEI Number: 65-1058416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLETTE, JOAN A  
31 BERMUDA LAKE DR  
PALM BEACH GARDENS, FL 33418 US

## Name and Address of New Registered Agent:

COLLETTE, JOAN A  
19 GLENCAIRN RD  
PALM BEACH GARDENS, FL 33418 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLLETTE, JOAN A  
Address: 31 BERMUDA LAKE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD ( ) Delete  
Name: WARE, SHARON M  
Address: 30 SYCAMORE RD  
City-St-Zip: W HARTFORD, CT 06117

Title: S ( ) Delete  
Name: NELSON SMITH, MICHELE  
Address: 31 BERMUDA LAKE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT ( ) Delete  
Name: SHANK, LISA B  
Address: 4 DURNESS CT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COLLETTE, JOAN A  
Address: 19 GLENCAIRN RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD (X) Change ( ) Addition  
Name: WARE, SHARON M  
Address: 30 SYCAMORE RD  
City-St-Zip: W. HARTFORD, CT 06117

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 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 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: JOAN A. COLLETTE

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date