


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000000609	
1. Entity Name <b>THE CHILDREN'S LITERACY FOUNDATION, INC.</b>	

Principal Place of Business <b>9900 WEST SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065</b>	Mailing Address <b>POST OFFICE BOX 772771 CORAL SPRINGS, FL 33077</b>
---	--

**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1072460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES, FL 33134**

7. Signature of Registered Agent

*[Signature]*

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANTOSKO, HENRY 1402 NW 80TH AVE., #305 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, SANDRA 1402 NW 80TH AVE., #305 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOSKO, RONALD 1402 NW 80TH AVE., #305 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000254803  
03/07/05-80089-008 61.25

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.

**SIGNATURE:** *[Signature]* **HENRY ANTOSKO** **MAR '05** **954-263-3654**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #