2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004619

1. Entity Name
LITERACY + EDUCATIONAL ABILITY RESOURCES NETWORK, INC.

FILED
03 DEC 12 AM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1611 N. FT. HARRISON AVE. CLEAR WATER, FL 33755	1611 N. FT. HARRISON AVE. CLEAR WATER, FL 33755

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2 Pond's Edge Drive	P.O. Box 999
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chadds Ford, PA	City & State: Chadds Ford, PA
Zip: 19317 Country: USA	Zip: 19317 Country: USA

4. FEI Number: 59-3724062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGGERTY, HOLLY 1611 N. FT. HARRISON AVE. CLEAR WATER, FL 33755	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 Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 01/09/04 01078--003 **61.25
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGGERTY, HOLLY 1703 HARBOR DR. CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D Haggerty, Holly 1703 Harbor Drive Clearwater, FL 33755	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COURNOYER, LOUISE 1476 CLEVELAND ST CLEARWATER, FL 33755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, D Moore, Bruce E. 2 Pond's Edge Drive Chadds Ford, PA 19317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALDERMAN, CHERYL A 2702 WHITNEY RD CLEARWATER, FL 33760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, Sec, D Moore, Susan D. 2 Ponds Edge Drive Chadds Ford, PA 19317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, D Haggerty, Brendan 1703 Harbor Drive Clearwater, FL 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Doyle, Denise M. 2 Pond's Edge Drive Chadds Ford, PA 19317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T00026616801 01/09/04--01078--003 **61.25	☐ Change ☐ Addition

CR2E037 (10/02)

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] 12/10/03 (610) 388-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bruce E. Moore, Chairman