

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91055 006 ****61.25

DOCUMENT # N01000004619

1. Entity Name

LITERACY & EDUCATIONAL ABILITY RESOURCE
NETWORK, INC.



Principal Place of Business

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

Mailing Address

P.O. BOX 999
CHADDS PA 19317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

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

HAGGERTY, HOLLY
1611 N. FT. HARRISON AVE.
CLEAR WATER FL 33755

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE: VPD
NAME: HAGGERTY, HOLLY
STREET ADDRESS: 1703 HARBOR DR.
CITY-ST-ZIP: CLEARWATER FL 33755 ☐ Delete

TITLE: CD
NAME: MOORE, BRUCE E
STREET ADDRESS: 2 POND'S RIDGE DRIVE
CITY-ST-ZIP: CHADDS FORD PA 19371 ☐ Delete

TITLE: VPSD
NAME: MOORE, SUSAN D
STREET ADDRESS: 2 POND'S RIDGE DRIVE
CITY-ST-ZIP: CHADDS FORD PA 19371 ☐ Delete

TITLE: PD
NAME: HAGGERTY, BRENDAN
STREET ADDRESS: 1703 HARBOR DRIVE
CITY-ST-ZIP: CLEARWATER FL 33755 ☐ Delete

TITLE: DOYLE, DENISE M
NAME: DOYLE, DENISE M
STREET ADDRESS: 2 PONDS EDGE DRIVE
CITY-ST-ZIP: CHADDS FORD PA 19317 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD
NAME: Holly Haggerty
STREET ADDRESS: 406 N. Lincoln Avenue
CITY-ST-ZIP: Clearwater, FL 33755 ☒ Change ☐ Addition

TITLE: CD
NAME: Bruce E. Moore
STREET ADDRESS: 2 Pond's Edge Dr.
CITY-ST-ZIP: Chadds Ford, PA 19317 ☒ Change ☐ Addition

TITLE: VPSD
NAME: Susan D. Moore
STREET ADDRESS: 2 Pond's Edge Dr.
CITY-ST-ZIP: Chadds Ford, PA 19317 ☒ Change ☐ Addition

TITLE: PD
NAME: Brendan Haggerty
STREET ADDRESS: 406 N. Lincoln Avenue
CITY-ST-ZIP: Clearwater, FL 33755 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Moore, Chairman

APR 26 2004

Date

(602) 388-9690

Daytime Phone #