

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004619

FILED
Apr 03, 2009
Secretary of State

Entity Name: LITERACY & EDUCATIONAL ABILITY RESOURCE NETWORK, INC.

Current Principal Place of Business:

2 POND'S EDGE DRIVE
CHADDS FORD, PA 19317

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 999
CHADDS, PA 19317

New Mailing Address:

FEI Number: 59-3724062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRANDYWINE FINANCIAL SERVICES CORPORATION
2631 MCCORMICK DRIVE
SUITE 101
CLEAR WATER, FL 33759 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: BRUCE E. MOORE

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HAGGERTY, HOLLY
Address: 406 N LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: VPSD () Delete
Name: MOORE, SUSAN D.
Address: 2 PONDS EDGE DRIVE
City-St-Zip: CHADDS FORD, PA 19317

Title: CD () Delete
Name: MOORE, BRUCES E
Address: 2 PONDS EDGE DR.
City-St-Zip: CHADDS FORD, PA 19317

Title: PD (X) Delete
Name: HAGGERTY, BRENDAN
Address: 406 N LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: T (X) Delete
Name: DOYLE, DENISE M
Address: 2 PONDS EDGE DR.
City-St-Zip: CHADDS FORD, PA 19317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MOORE, BRUCE E
Address: 2 PONDS EDGE DRIVE
City-St-Zip: CHADDS FORD, PA 19317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DOYLE, DENISE M
Address: 2 PONDS EDGE DR.
City-St-Zip: CHADDS FORD, PA 19317

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 exemption stated 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 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: BRUCE E. MOORE

CD

04/03/2009

Electronic Signature of Signing Officer or Director

Date