# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 11, 2004**
**Secretary of State**

DOCUMENT# N01000006500

**Entity Name:** FLORIDA READ & LEAD, INC.

**Current Principal Place of Business:**

4659 THE OAKS DRIVE
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

4659 THE OAKS DRIVE
MARIANNA, FL 32446

**New Mailing Address:**

**FEI Number: 59-3756476** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRIPLING, KAREN W
4659 THE OAKS
MARIANNA, FL 32446

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: STRIPLING, KAREN W
Address: 4659 THE OAKS DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: S (X) Delete
Name: PERRY, MYRA
Address: PO BOX 38205
City-St-Zip: TALLAHASSEE, FL 32315

Title: VP (X) Delete
Name: WILLIAMS, LINDA
Address: 2174 MILL ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: P (X) Delete
Name: SEGREE, BONNIE
Address: PO BOX 683
City-St-Zip: EASTPOINT, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: KAY WILLIAMS STRIPLING DR. 09/11/2004

Electronic Signature of Signing Officer or Director — Date