

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90179 017 ****61.25

DOCUMENT # NO1000006500

1. Entity Name

FLORIDA READ AND LEAD, INC.



Principal Place of Business

**4659 THE OAKS DRIVE
MARIANNA FL 32446**

Mailing Address

**4659 THE OAKS DRIVE
MARIANNA FL 32446**

70014284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

59-3756474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STRIPLING, KAREN W
4659 THE OAKS
MARIANNA FL 32446**

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

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 **P** ☐ Delete
NAME **STRIPLING, KAREN W**
STREET ADDRESS **4659 THE OAKS DRIVE**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☒ Delete
NAME **WILLIAMS, EDNA H**
STREET ADDRESS **5406 SELLECS ROAD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☒ Delete
NAME **CARRAWAY, NANCY**
STREET ADDRESS **5645 PLEASANT RIDGE ROAD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☐ Delete
NAME **MONTFORD, HEATHER**
STREET ADDRESS **17665 NE PEAVY STREET**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☒ Delete
NAME **WILLIAMS, GEMELIA**
STREET ADDRESS **P.O. BOX 250**
CITY-ST-ZIP **ALFORD FL 32420**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Glenda Sheal**
STREET ADDRESS **4072 Thomasville Lane**
CITY-ST-ZIP **Marianna, FL 32448**

TITLE **D** ☐ Change ☒ Addition
NAME **Linda Williams**
STREET ADDRESS **2174 Mill Road**
CITY-ST-ZIP **Ottomdale, FL 32431**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Heather Montford**
STREET ADDRESS **2336 NE SR 69, Lot 1**
CITY-ST-ZIP **Blountstown, FL 32424**

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

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

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:

Karen Williams Stripling

CR2E037 (10/02)