

**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**

70014204



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

59-3756476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	STRIPLING, KAREN W	
STREET ADDRESS	4659 THE OAKS DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, EDNA H	
STREET ADDRESS	5406 SELLECS ROAD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRAWAY, NANCY	
STREET ADDRESS	5645 PLEASANT RIDGE ROAD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTFORD, HEATHER	
STREET ADDRESS	17665 NE PEAVY STREET	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, GEMELIA	
STREET ADDRESS	P.O. BOX 250	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenda Shea	
STREET ADDRESS	4072 Thomasville Lane	
CITY-ST-ZIP	Marianna, Fl. 32448	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Williams	
STREET ADDRESS	2174 Mill Road	
CITY-ST-ZIP	Ottondale, Fl. 32431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heather Montford	
STREET ADDRESS	2336 NE SR 69, Lot 1	
CITY-ST-ZIP	Blountstown, Fl. 32424	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)