

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006668

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: LIFELONG READERS, INC.

**Current Principal Place of Business:**

6450 ROCK CREEK DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6450 ROCK CREEK DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 91-2162687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICE, JOYCE I  
6450 ROCK CREEK DRIVE  
LAKE WORTH, FL 33467 US

**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: P ( ) Delete  
Name: RICE, JOYCE I  
Address: 6450 ROCK CREEK DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: INGRAM, MERRISA M  
Address: 4116 INDIAN TRAIL  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: GASPERSO, DAVID D  
Address: 8657 LANTANA ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: HEFLEY, DEBBIE  
Address: 8704 GRASSY ISLE TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

Title: S/T ( ) Delete  
Name: RICE, DONALD  
Address: 6450 ROCK CREEK DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

**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:

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: JOYCE I. RICE

P

03/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date