

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-04-2003 90097 028 ****61.25

DOCUMENT # N01000006668

1. Entity Name

LIFELONG READERS, INC.



Principal Place of Business
**6450 ROCK CREEK DRIVE
LAKE WORTH FL 33467**

Mailing Address
**6450 ROCK CREEK DRIVE
LAKE WORTH FL 33467**

00010017



☒ CHECK HERE IF MAKING CHANGES

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 **91-2162687**

Applied For

Not Applicable

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

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

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 date 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	RICE, JOYCE I	
STREET ADDRESS	6450 ROCK CREEK DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, MARY O	
STREET ADDRESS	PIKE MANOR HEALTH CARE CENTER	
CITY-ST-ZIP	TROY AL 36801	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	RICE, AUDRA P	
STREET ADDRESS	107 COUNTY ROAD 36	
CITY-ST-ZIP	HALEYVILLE AL 35565	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASPERSON, DAVID D	
STREET ADDRESS	8657 LANTANA ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEFLEY, DEBBIE	
STREET ADDRESS	8704 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	RICE, DONALD	
STREET ADDRESS	6450 ROCK CREEK DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merrisa M. Ingram	
STREET ADDRESS	4116 Indian Trail	
CITY-ST-ZIP	Destin, FL 32541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

Signature of Joy I. Rice
JOY I. RICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

(661) 433-4618

Daytime Phone #