

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90233 010 ****61.25

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1. Entity Name

**I CAN... ADULT LITERACY OUTREACH PROGRAM,
INC.**



Principal Place of Business

**5118 N. 56TH ST., STE 130
TAMPA FL 33610**

Mailing Address

**PO BOX 11484
TAMPA FL 33680-1484**

34071778



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

30-001284

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

**TATE-MARTIN, MICHELLE
7803 LEMONWOOD COURT
TEMPLE TERRACE FL 33637**

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
Due By May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GRIFFIN, LATISHA N ☒ Delete
5307 ARCHSTONE DR. #105
TAMPA FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☐ Change ☒ Addition
Judith E. Maurer
8843-93rd Street North
Largo, FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V ☒ Delete
GRANT, CHARLOTTE S
3414 JAMAIS WOOD WAY
TAMPA FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☐ Change ☒ Addition
Aida Valentin
12510 Queensland Lane
Tampa, FL 33625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☐ Delete
IBARRA, ANGELICA M
P.O. BOX 1437
DOVER FL 33527

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Shelah Watkins
P.O. Box 7336
Tampa, FL 33673-7336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
SUTTON, VERONICA
6947 COHASSET CIR.
RIVERVIEW FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Andrea Marie Thurston
5152 Puritan Circle
Tampa, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
SMILEY, RICHARD
PO BOX 291368
RIVERVIEW FL 33569

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV ☐ Delete
POWELL, MARISSA
4020 N. MARGUERITE ST.
TAMPA FL 33603

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

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:

Angelica M. Ibarra

Date

Daytime Phone #

4/27/04 (813) 849-5595