

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90195 016 \*\*\*\*70.00

<b>DOCUMENT # N02000000922</b>						
<b>1. Entity Name</b> I CAN... ADULT LITERACY OUTREACH PROGRAM, INC.						
<b>Principal Place of Business</b> 5118 N. 56TH ST., STE 130 TAMPA, FL 33610			<b>Mailing Address</b> PO BOX 11484 TAMPA, FL 33680-1484			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 30-0019284		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
TATE-MARTIN, MICHELLE 7803 LEMONWOOD COURT TEMPLE TERRACE, FL 33637			Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>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.</b>						
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)						
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> MAUER, JUDITH E 8843 93RD STREET NORTH LARGO, FL 33777		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President - P Katherine Walton 211 W. Floribaska Ave Tampa, FL 33603	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		Vice President - V Patricia Haynes-Botchway 11205 Killearn Court Riverview, FL 33569				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		Secretary - S Monica P. Lopez 7304 Woodhall Court Tampa, FL 33634				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		Treasurer - T Michele Noriega 11017 Summer Drive Tampa, FL 33624				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		Member Michael Berger 408 S. Arrawamua Tampa, FL 33609				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		Tommy Kenner 8501 N. 50th Street #811 Tampa, FL 33617				
<b>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.</b>						
<b>SIGNATURE:</b> <i>Michelle Tate Martin</i>			04-26-05 (813) 844-5595			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			