

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000963

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** L.P. RICHARDSON FAMILY LITERACY CENTER INCORPORATED

**Current Principal Place of Business:**

1610 GRIFFIN ROAD  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

1610 GRIFFIN ROAD  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 61-1425203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SMALLEY, SHELIA Y  
1610 GRIFFIN RD.  
LEESBURG, FL 34748      US

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

SMALLEY, SHELIA Y  
2109 SIMMONS AVENUE  
LEESBURG, FL 34748      US

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: SHELIA YVETTE SMALLEY

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SMALLEY, SHELIA Y  
Address: 1610 GRIFFIN RD.  
City-St-Zip: LEESBURG, FL 34748

Title: V      ( ) Delete  
Name: NASH, FLEETER  
Address: PO BOX 583  
City-St-Zip: LADY LAKE, FL 32158

Title: ST      ( ) Delete  
Name: DAVIS, KAREN  
Address: 1574 EAST LIMIT AVENUE  
City-St-Zip: MT. DORA, FL 32757

Title: D      ( ) Delete  
Name: SMALLEY-LAWSON, LORETTA  
Address: 199 HIGHLAND DRIVE  
City-St-Zip: LEESBURG, FL 34788

Title: D      ( ) Delete  
Name: MAJOR, DOUGLAS S  
Address: 1020 MCNAMEE STREET  
City-St-Zip: LEESBURG, FL 34748

Title: D      ( ) Delete  
Name: DEAS, II, ISAAC B  
Address: 207 BRYAN ST.  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: SMALLEY, SHELIA Y  
Address: 2109 SIMMONS AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      (X) Change ( ) Addition  
Name: DAVIS, KAREN  
Address: 431 WALTHAM FOREST DR.  
City-St-Zip: TAVARES, FL 32778

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 exemption stated in Chapter 119, 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: SHELIA YVETTE SMALLEY

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date