2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000963

FILED Apr 30, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1610 GRIFFIN ROAD LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 1610 GRIFFIN ROAD LEESBURG, FL 34748 FEI Number: 61-1425203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMALLEY, SHELIA Y 2109 SIMMONS AVENUE LEESBURG, FL 34748 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMALLEY, SHELIA Y Name: Name: 2109 SIMMONS AVENUE Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: Title: () Delete () Change () Addition NASH, FLEETER Name: Name: Address: PO BOX 583 Address: City-St-Zip: LADY LAKE, FL 32158 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAVIS, KAREN Name: DAVIS, KAREN Name: 431 WALTHAM FOREST DR. Address: 431 WALTHAM FOREST DR. Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: () Change () Addition Name: SMALLEY-LAWSON, LORETTA Name: 199 HIGHLAND DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: () Delete Title: (X) Change () Addition MAJOR, DOUGLAS S MAJOR, DOUGLAS S Name: Name: 1020 MCNAMEE STREET 1020 MCNAMEE STREET Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: (X) Change () Addition DEAS, II. ISAAC B SMALLEY, JUANITA M Name: Name: 903 N. CHESTER ST. Address: 207 BRYAN ST. Address: EUSTIS, FL 32726 LEESBURG, FL 34748 City-St-Zip: 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 Y. SMALLEY P 04/30/2008