2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# N02000002654

Entity Name: NATIONAL LITERACY PROJECT, INC.

Current Principal Place of Business:

772 RHODEN COVE ROAD
TALLAHASSEE, FL 323121041

New Principal Place of Business:

Current Mailing Address:

772 RHODEN COVE ROAD
TALLAHASSEE, FL 323121041

New Mailing Address:

FEI Number: 01-0661139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRVIN, JUDITH L
772 RHODEN COVE ROAD
TALLAHASSEE, FL 323121041 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: DEAN, NANCY
Address: 772 RHODEN COVE ROAD
City-St-Zip: TALLAHASSEE, FL 323121041

Title: AP ( ) Delete
Name: RICHARDSON, MARTHA DR
Address: 4202 S FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D ( ) Delete
Name: IRVIN, JUDITH L
Address: 772 RHODEN COVE ROAD
City-St-Zip: TALLAHASSEE, FL 323121041

Title: DSD ( ) Delete
Name: CROTEAU, THERESA MS
Address: 2757 W PENSACOLA ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: MICKLER, MARTHA J
Address: 772 RHODEN COVE ROAD
City-St-Zip: TALLAHASSEE, FL 323121041

Title: DOP ( ) Delete
Name: CROTEAU, JIM DR
Address: 2757 W PENSACOLA ST
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JUDITH L. IRVIN DR. 02/07/2008

Electronic Signature of Signing Officer or Director — Date