

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90294 005 *****75.00

DOCUMENT # N02000002667

1. Entity Name
LITERACY INCREASE, INC.



Principal Place of Business
~~9167 McDOUGAL LANE~~
~~TALLAHASSEE, FL 32312~~

Mailing Address
P.O. BOX 14774
TALLAHASSEE, FL 32317

24061656

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2. Principal Place of Business
203 N. FRANKLIN BLVD

3. Mailing Address

01312004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State

4. FEI Number
01-0663530

Applied For
Not Applicable

Zip
32301

Country

U.S.A.

Zip

Country

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

DOVE, JOYCE S
203 NORTH FRANKLIN BLVD.
TALLAHASSEE, FL 32301

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

Filing 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

TITLE **D-E / PRESIDENT** ☐ Delete
NAME **BOTHWELL, WILLIAM**
STREET ADDRESS ~~9167 McDOUGAL LANE~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32312~~

TITLE **D / TREASURER** ☐ Delete
NAME **MAY, DON**
STREET ADDRESS **1511 KILLEARN CENTER BLVD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **D** ☐ Delete
NAME **BLACK, JOAN L**
STREET ADDRESS **379 OAKWOOD AVE.**
CITY-ST-ZIP **STATE COLLEGE, PA 16803**

TITLE **D** ☒ Delete
NAME ~~MERCIER, BRICE~~
STREET ADDRESS ~~3424 NORTH MONROE~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32302~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT/D-CHAIRMAN** ☒ Change ☐ Addition
NAME **BOTHWELL WILLIAM**
STREET ADDRESS **203 NORTH FRANKLIN BLVD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **VICE-PRESIDENT/D** ☐ Change ☒ Addition
NAME **AVILA, RAPHAEL**
STREET ADDRESS **243 NORTH MAGNOLIA DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **SADLER, LYNN**
STREET ADDRESS **2421 WEST TENNESSEE STREET**
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BERGANTINO, JUDY**
STREET ADDRESS **3100 IRONWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SIMON, FRED**
STREET ADDRESS **9230 EAGLES RIDGE DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LEWIS, CHARLIE**
STREET ADDRESS **515 N. BROAD STREET**
CITY-ST-ZIP **THOMASVILLE, GA 31792**

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.

William Bothwell / President & Board Chairman

SIGNATURE: *William Bothwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (866) 220-3851

Date

Pin#1938