


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003525			
1. Entity Name FUNCTIONAL ILLITERACY RESEARCH AND EDUCATION, INC.			
Principal Place of Business 544 WALNUT STREET ALTAMONTE SPRINGS FL 32714-2329		Mailing Address 544 WALNUT STREET ALTAMONTE SPRINGS FL 32714-2329	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BACCHUS, FENNA E 544 WALNUT STREET ALTAMONTE SPRINGS FL 32714-2329		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			



1st MOORE CR2E037 (10/04)

4. FEI Number 32-0014910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

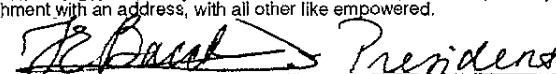
**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHACHA, NYAIGOTTI DR. PO BOX 7110 KAMPAL UGANDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RWAMASIRABO, EMILE DR. PO BOX 56 BUTARE RWANDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000274028 03/23/05-80053-010 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADEWALE, NOAH DR. OGUNSAYA COLLEGE OF EDUCATION NIGERIA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OKEKE-IHEJIRIKA, PHILOMENA DR UNIVERSITY OF ALBERTS WOMEN STUDIOS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IWARA, ALEX DR. DEPT. OF LINGUISTICS NIGERIA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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

03/20/2005
Date Daytime Phone #