2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000003525



FILED

Jun 28, 2006 8:00 am

Secretary of State 05-05-2006 90185 030 ****61.25 FUNCTIONAL ILLITERACY RESEARCH AND EDUCATION, INC. Principal Place of Business Mailing Address **544 WALNUT STREET 544 WALNUT STREET** ALTAMONTE SPRINGS, FL 32714-2329 ALTAMONTE SPRINGS, FL 32714-2329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06142006 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number 32-0014910 Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BACCHUS, FENNA E **544 WALNUT STREET** Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS, FL 32714-2329 City 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 Make check payable to 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ☐ Change D/C/P/CEO CHACHA, NYAIGOTTI DR. NAME MALAF Bacchus, Fenna E. STREET ADORESS PO BOX 7110 STREET ADDRESS 544 Walnut Street CITY-ST-ZIP KAMPAL UGANDA CITY-ST-ZIP Altamonte Springs Fl. 32714-2329 Delete Addition ☐ Change ПЛЕ TITLE VP/S RWAMASIRABO, EMILE DR. NAME NAME Wade, Glen D. STREET ADDRESS PO BOX 56 STREET ADORESS 544 Walnut Street **BUTARE RWANDA** COY-ST-7P CITY-ST-7IP Altamonte Springs, FL 32714-2329 N Delete T/CFO Addition TITLE ☐ Change ADEWALE, NOAH DR. Bacchus, Fitzroy E. NAME NAME **OGUNSAYA COLLEGE OF EDUCATION** STREET ADDRESS 544 Walnut Street STREET ADDRESS CITY-ST-ZIP NIGERIA. CITY-ST-7P Altamonte Springs, FL 32714-2329 De lete ☐ Change Addition TITLE TITLE NAME OKEKE-IHEJIRIKA, PHILOMENA DR Chambers, David Dr. UNIVERSITY OF ALBERTS STREET ADDRESS STREET ADORESS 104 Marcia Drive WOMEN STUDIOS, CITY-ST-ZIP CITY-ST-ZIP Altamonte Springs, FL 32714 Delete Addition TITLE TITLE ☐ Change IWARA, ALEX DR. NAME NAME Machado, Nilza STREET ADORESS **DEPT. OF LINGUISTICS** STREET ADORESS 544 Walnut Street CITY-ST-ZIP NIGERIA. CITY-ST-ZIP Altamonte Springs, FL 32714-2329 ☐ Delete ☐ Change Addition Addition TITLE TITLE Norton, Bob NAME NAME STREET ADDRESS STREET ADDRESS 2081 Thunderbird Trail CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751-3740

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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 of the corporation of the receiver of trustee empowered.

SIGNATURE:

Glen D. Wade, Secretary

22 June 2006

Page 2

Applied For Not Applicable

\$8.75 Additional

Zip Code

FL

Fee Required

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ATTACHMENT DOCUMENT # N02000003525 FUNCTIONAL ILLITERACY RESEARCH AND EDUCATION, INC. 66020972 Principal Place of Business Mailing Address **544 WALNUT STREET 544 WALNUT STREET** ALTAMONTE SPRINGS, FL 32714-2329 ALTAMONTE SPRINGS, FL 32714-2329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06142006 CR2E037 (4/06) 4. FEI Number 32-0014910 City & State City & State Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BACCHUS, FENNA E Street Address (P.O. Box Number is Not Acceptable) **544 WALNUT STREET** ALTAMONTE SPRINGS, FL 32714-2329

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Change **▼** Addition TITLE TITLE D CHACHA, NYAIGOTTI DR. NAME NAME Ohaegbulam, Festus U. Dr. STREET ADDRESS PO BOX 7110 STREET ADDRESS 6109 E. 112th Street CITY-ST-7IP KAMPAL UGANDA, CITY-ST-ZIP Tampa, FL 33617 Delete Change Addition TITI F TITLE NAME RWAMASIRABO, EMILE DR. Shyngle, Olufela Lapado Dr. STREET ADDRESS PO BOX 56 STREET ADDRESS 3325 Pine Top Drive CITY-ST-ZIP **BUTARE RWANDA**, CITY-ST-ZIP Valrico, FL 33594-7617 Delete □ Change M Addition TITLE ADEWALE, NOAH DR. NAME Wilson, Emmanuel M. Dr. NAME **OGUNSAYA COLLEGE OF EDUCATION** STREET ADDRESS 3080 Parc Lorraine Cir. STREET ADDRESS NIGERIA. CITY-ST-7P Lithonia, GA 30038 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE OKEKE-IHEJIRIKA, PHILOMENA DR UNIVERSITY OF ALBERTS STREET ADDRESS STREET ADORESS WOMEN STUDIOS, CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition IWARA, ALEX DR. NAME NAME STREET ADDRESS **DEPT. OF LINGUISTICS** STREET ADDRESS NIGERIA, CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental tend? It rue 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 attaching with any address, with alyother like empowered.

SIGNATURE:

the obligations of registered agent.

Glen D. Wade, Secretary

22 June 2006

407-321-1921

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOGUMENT # N02000003525

5/5/2006-90185-030-\$61.25-\$61.25

ATTACHARAIT

1. Entity Name					TIAUTINE	MΓ	
FUNCTIONAL ILLITERACY RESEARCH AND EDUCATION, INC.					66020973	?	
Principal Place	e of Business	Mailing Address					
544 WALNUT STREET ALTAMONTE SPRINGS FL 32714-2329 544 WALNUT STREET ALTAMONTE SPRINGS FL			FL 32714-2329		311111111111111111111111111111111111111	ose cuasti Oseo elitta	
2. Principal Pl	ace of Business	3. Mailing Address			A CONTROL OF THE PROPERTY OF T	N 14 105 =	Market 171
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037	(10/05)	
City & State		City & State			4. FEI Number 32-0014910	-	applied For lot Applicable
Zip	Country	Zip	Country			8.75 Acee Requir	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Registered Ag	gent	
ALTAMONTE SPRINGS FL 32714-2329					P.O. Box Number is Not Acceptable)	Zip Co	
the obligati	named entity submits this statement for one of registered agent. Signature, typed or orrect name of registered agent. FILE NOW: FEE IS \$61.25 Due By May 1, 2006 OFFICERS AND DIR	544 MOTE: 1 MOTE: 1 P. Election Camp Trust Fund Co	paign Financing	Prof 30	S. NilzaMachado (C.Director) C.Director) Emmanuel M. Wilson Bofarc Lorraine Cir Honia, GA 30038	-(A)	(d)
nne	D OFFICERS AND DIM	Delete:	TITLE	0	(60) 1100/100/100/100		Addition
NAME	CHACHA, NYAIGOTTI DR. PO BOX 7110 KAMPAL UGANDA	C Delete	HAME STREET ADDRESS CITY-ST-ZIP	Tan	Festus U Ohalgbularn E.112 th street Direct npa, FL. 33617		- AUU;10X1
•	D- — - RWAMASIRABO, EMILE DR. PO BOX 56 BUTARE RWANDA	Detete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	De (Olufela Rapado Shyngle of Pine Top Drive Direct vice, FL 33594-74		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEWALE, NOAH DR. OGUNSAYA COLLEGE OF EDUCA NIGERIA	Delete	TITLE HAME STREET ADDRESS CITY-S1-ZIP	104	Marcia Drive pd Di	1 sange 1 sange 1 sange 1 sange	Or
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D OKEKE-IHEJIRIKA, PHILOMENA I UNIVERSITY OF ALBERTS WOMEN STUDIOS	D Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. 2081	Bob Norton	Visinge Vira	
NAME STREET ADDRESS CITY-ST-ZIP	D IWARA, ALEX DR. DEPT. OF LINGUISTICS NIGERIA	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. 544 Ht.	Fitzroy Sacohus Walnut Ureet Springs, Flazziy -2329	Change C.F.((Prodution
NAME STREET ADDRESS CITY-ST-ZIP	Fenna E. Bacchu 544 Walnut Stree Altamonte Spring FL 32714-2329 US	s Can D.	TITLE NAME STREET ADDRESS STY-ST-ZIP	Mr. 869 La	GlenWade SilversmithGr Vice Lemany, FL 32746-4	Change	res, ary
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions	contained	d in Section 119, Florida Statutes. I further certif	y that the	information or director

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.

407-321
GNATURE: **Corporation**

GNATURE: **Like William Corporation**

GNATURE: **Like