

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90185 030 \*\*\*\*61.25

<b>DOCUMENT # N02000003525</b>					
<b>1. Entity Name</b> FUNCTIONAL ILLITERACY RESEARCH AND EDUCATION, INC.					
<b>Principal Place of Business</b> 544 WALNUT STREET ALTAMONTE SPRINGS, FL 32714-2329			<b>Mailing Address</b> 544 WALNUT STREET ALTAMONTE SPRINGS, FL 32714-2329		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06142006    Chg-NP    CR2E037 (4/06)	
City & State		City & State		<b>4. FEI Number</b> 32-0014910	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BACCHUS, FENNA E 544 WALNUT STREET ALTAMONTE SPRINGS, FL 32714-2329			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACHA, NYAIGOTTI DR. PO BOX 7110 KAMPAL UGANDA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P/CEO Bacchus, Fenna E. 544 Walnut Street Altamonte Springs, FL 32714-2329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RWAMASIRABO, EMILE DR. PO BOX 56 BUTARE RWANDA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Wade, Glen D. 544 Walnut Street Altamonte Springs, FL 32714-2329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEWALE, NOAH DR. OGUNSAWA COLLEGE OF EDUCATION NIGERIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/CFO Bacchus, Fitzroy E. 544 Walnut Street Altamonte Springs, FL 32714-2329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKEKE-IHEJIRIKA, PHILOMENA DR UNIVERSITY OF ALBERTS WOMEN STUDIOS,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chambers, David Dr. 104 Marcia Drive Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IWARA, ALEX DR. DEPT. OF LINGUISTICS NIGERIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Machado, Nilza 544 Walnut Street Altamonte Springs, FL 32714-2329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norton, Bob 2081 Thunderbird Trail Maitland, FL 32751-3740	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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 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.</b>					
<b>SIGNATURE:</b> _____		Glen D. Wade, Secretary		22 June 2006    407-321-1921	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Page 2

ATTACHMENT


66020972

<b>DOCUMENT # N02000003525</b>					
<b>1. Entity Name</b> FUNCTIONAL ILLITERACY RESEARCH AND EDUCATION, INC.					
<b>Principal Place of Business</b> 544 WALNUT STREET ALTAMONTE SPRINGS, FL 32714-2329			<b>Mailing Address</b> 544 WALNUT STREET ALTAMONTE SPRINGS, FL 32714-2329		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 32-0014910	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BACCHUS, FENNA E 544 WALNUT STREET ALTAMONTE SPRINGS, FL 32714-2329			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> CHACHA, NYAIGOTTI DR. PO BOX 7110 KAMPAL UGANDA,	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Ohaegbulam, Festus U. Dr. 6109 E. 112 <sup>th</sup> Street Tampa, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> RWAMASIRABO, EMILE DR. PO BOX 56 BUTARE RWANDA,	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Shyngle, Olufela Lapado Dr. 3325 Pine Top Drive Valrico, FL 33594-7617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> ADEWALE, NOAH DR. OGUNSAYA COLLEGE OF EDUCATION NIGERIA,	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Wilson, Emmanuel M. Dr. 3080 Parc Lorraine Cir. Lithonia, GA 30038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> OKEKE-IHEJIRIKA, PHILOMENA DR UNIVERSITY OF ALBERTS WOMEN STUDIOS,	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> IWARA, ALEX DR. DEPT. OF LINGUISTICS NIGERIA,	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>SIGNATURE:</b>		Glen D. Wade, Secretary		22 June 2006 407-321-1921	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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

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

ATTACHMENT  
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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
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	
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 State Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office to the obligations of registered agent. 544 Walnut St. (Director) Altamonte Springs, FL 32714			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature)		Prof Emmanuel M. Wilson - (Add) 3080 Parc Lorraine Cir Dithonia, GA 30038 Director	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHACHA, NYAIGOTTI DR. PO BOX 7110 KAMPAL UGANDA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Prof Festus U. Ohaegbulam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6104 E. 112th Street Tampa, FL 33617 Director
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RWAMASIRABO, EMILE DR. PO BOX 56 BUTARE RWANDA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	De Olufela Lapado Shyngle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3326 Pine Top Drive Valrico, FL 33594-7617 Director
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ADEWALE, NOAH DR. OGUNSAWA COLLEGE OF EDUCATION NIGERIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Dr David Chambers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 104 Marcia Drive Hwy 436 Frontage Rd Altamonte Springs, FL 32714 Director
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D OKEKE-IHEJIRIKA, PHILOMENA DR UNIVERSITY OF ALBERTS WOMEN STUDIOS <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Mr. Dolo Norton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2081 Thunderbird Trail Maitland, FL 32751-3740 Director
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D IWARA, ALEX DR. DEPT. OF LINGUISTICS NIGERIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Mr. Fitzroy Bacchus <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 544 Walnut Street Alt. Springs, FL 32714-2329 CFO
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Ms Fenna E. Bacchus 544 Walnut Street Altamonte Springs FL 32714-2329 USA <input checked="" type="checkbox"/> Addition President, CEO, Director	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Mr. Glen Wade <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 869 Silversmith Cir Lake Mary, FL 32746-4975 Vice-Pres. Secretary
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: <u>Glen D. Wade</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>26 April 06</u> Daytime Phone: <u>407-321-1921</u>	