2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2008 8:00 am Secretary of State DOCUMENT # N02000003525 1. Entity Name 04-22-2008 90021 022 ****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 - No P.O. Box # 3. Mailing Address Suite, Apr. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 32-0014910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACCHUS, FENNA E Street Address (P.O. Box Number is Not Acceptable) 544 WALNUT STREET **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. SIGNA WIRE . Signature, typed or printer here of requatered agent unit title if applicable. (NOTE: Registered Agent signature segured wheal reinstating) FILE NOW: FEE IS 661 25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ☐ Addition BACCHUS, FENNA E HAME NAME STREET ADDRESS **544 WALNUT STREET** STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZiP VPS TITLE Delate TITLE ☐ Change Addition WADE, GLEN D NAME NAME **544 WALNUT STREET** STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition NORTON, BOB NAME NAME STREET ADDRESS **544 WALNUT STREET** STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHAMBERS, DAVID DR NARZE NAME STREET ADDRESS **544 WALNUT STREET** STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP Delete TITLE TITLE Change Addition MACHADO, NITZA NAME 544 WALNUT STREET STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP TCFO TITLE Delete TITLE ☐ Change Addition BACCHUS, FITZROY E NAME NAME 544 WALNUT STREET STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 0177-ST-71P

12. I hereby certify that the information supplied with this filing does not quality 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.

FITZROY E. BACCHUS

407-774-6542

FILED