

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000022

FILED
Jan 07, 2008
Secretary of State

Entity Name: FOUNDATION FOR THE LITERACY OF CHILDREN IN AMERICA, INC.

Current Principal Place of Business:

1862 E. WINTER PARK ROAD
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1862 E. WINTER PARK ROAD
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 30-0224117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYMAN, NIEVES
0862 E. WINTER PARK ROAD
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: LYMAN, NIEVES
Address: 0862 E. WINTER PARK ROAD
City-St-Zip: ORLANDO, FL 32806 US

Title: D () Delete
Name: LYMAN-RIVERA, JENNIFER
Address: 2504 FOX SQUIRREL COURT
City-St-Zip: APOPKA, FL 32712 US

Title: D, S () Delete
Name: MITIFF, JACKIE
Address: 7687 CLUBHOUSE ESTATES DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D, T (X) Delete
Name: BAILIFF, SHANNON
Address: 5153 ARDMORE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D, S () Delete
Name: HERRMANN, ROBERTA J
Address: 3518 KILMARROCK DRIVE
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D, S (X) Change () Addition
Name: HERRMANN, ROBERTA J
Address: 1613 STONEYWOOD WAY
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIEVES LYMAN

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date