

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005716

Entity Name: R.E.A.P. BOOKCLUB, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 270357
TAMPA, FL 336880357 TI

New Principal Place of Business:

Current Mailing Address:

PO BOX 270357
TAMPA, FL 336880357 TI

New Mailing Address:

FEI Number: 20-2651807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINDALL, II, NATHANIEL W ESQUIRE
205 WEST DR MARTIN LUTHER KING JR BLVD
SUITE 103
TAMPA, FL 33603 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: DP () Delete
Name: BROWN, ALETHEA
Address: 655 HAVEN PL
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DV () Delete
Name: EDMOND, CHYRELL
Address: 5607 DEL PRADO DR APT 155
City-St-Zip: TAMPA, FL 33617

Title: DS () Delete
Name: FAISON, SHANA
Address: 5665 DEL PRADO DR APT 256
City-St-Zip: TAMPA, FL 33617

Title: DT () Delete
Name: MATHIS, LALETRICIA
Address: 11049 SPRINGDALE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BARBER, NANCY
Address: 11802 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: MARSHALL, EARNESTINE
Address: 11802 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: EDMOND, CHYRELL
Address: 5607 DEL PRADO DR APT 158
City-St-Zip: TAMPA, FL 33617

Title: DS (X) Change () Addition
Name: SEAY, JENNIFER M
Address: 8414 N. JONES AVE UNIT L2
City-St-Zip: TAMPA, FL 33604

Title: DT (X) Change () Addition
Name: MATHIS, LALETRICIA
Address: 3907 ARLINGTON AVE
City-St-Zip: TAMPA, FL 33603

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

Title: D (X) Change () Addition
Name: FAISON, SHANA
Address: 5665 DEL PRADO DR APT 256
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LALETRICA MATHIS

DT

04/25/2005

Electronic Signature of Signing Officer or Director

Date