

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011634

FILED  
Apr 08, 2005  
Secretary of State

**Entity Name:** LITERACY COUNCIL OF N.E. FLORIDA, INC.

**Current Principal Place of Business:**

6620 ARLINGTON EXWY.  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

6620 ARLINGTON EXWY.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 20-2004525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANE, GAYLE F DR.  
6620 ARLINGTON EXWY.  
JACKSONVILLE, FL FL US

**Name and Address of New Registered Agent:**

CANE, GAYLE F DR.  
6620 ARLINGTON EXWY.  
JACKSONVILLE, FL 32211 US

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:

04/08/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CANE, GAYLE F ED.D.  
Address: 6620 ARLINGTON EXWY.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: CULVYHOUSE, ELAINE  
Address: 4600 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S/T ( ) Delete  
Name: FERGUSON, BRUCE JR.  
Address: 2141 LOCH RANE BLVD., SUITE 107  
City-St-Zip: ORANGE PARK, FL 32073

Title: DIR ( ) Delete  
Name: YOUNG, BARBARA PH.D.  
Address: 1137 CLEVELAND ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: DIR ( ) Delete  
Name: ALGIRE, TERRY  
Address: 917 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DIR ( ) Delete  
Name: NORMAN,, LATASHA  
Address: 1137 CLEVELAND ST.  
City-St-Zip: JACKSONVILLE, FL 32209

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

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

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: GAYLE F. CANE

P

04/08/2005

Electronic Signature of Signing Officer or Director

Date