

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90118 001 ***306.25

DOCUMENT # N05000006809

1. Entity Name
READING WITH THE RHYTHM, INC.



Principal Place of Business
**1445 STEELE ST
JACKSONVILLE, FL 32209**

Mailing Address
**PO BOX 28007
JACKSONVILLE, FL 32226**

66010507



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-5234494

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, KIMBERLY
9197 CAMSHIRE DR
JACKSONVILLE, FL 32244**

Name **Daniels, Kimberly**
Street Address (P.O. Box Number is Not Acceptable)
450 Busch Dr #6
City **Jax** **FL** Zip Code **32218**

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.

SIGNATURE

Kimberly Daniels

5/1/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DANIELS, KIMBERLY	
STREET ADDRESS	9197 CAMSHIRE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DANIELS, ARDELL	
STREET ADDRESS	9197 CAMSHIRE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENNINGS, MICHAEL	
STREET ADDRESS	1628 N MYRTLE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, ALISHA	
STREET ADDRESS	1049 LOBSTER LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Nicole Pearce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	830 Bay Meadows Way W. #200	
	Jax, FL 32256	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lakeshia Johnson	
STREET ADDRESS	1255 Peace Field Dr.	
CITY-ST-ZIP	Jax FL 32205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Kimberly Daniels

May 1, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #