2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008985

Entity Name: EVERY CHILD A READER ESCAMBIA, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1708 NORTH 14TH AVENUE PENSACOLA, FL 32503				3979 PARKVIEW STREET PACE, FL 32571			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 71 PENSACOLA, FL 32591 00				P.O. BOX 71 PENSACOLA, FL 32591			
FEI Number:	26-1200860	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Statu	ıs Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PARNHAM, JOHN 1708 NORTH 14TH AVENUE PENSACOLA, FL 32503 US				REESE, CLAIREN 3979 PARKVIEW STREET PACE, FL 32571 US			
	named entity s of Florida.	ubmits this statement for the pu	rpose o	f changing it	s registered	office or registered	l agent, or both,
SIGNATURE: CLAIREN REESE				01/16/2009			
	Electroni	c Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () FRANKLIN, EUG 945 WEST MICH PENSACOLA, F	HIGAN AVE #12		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHRD () PARNHAM, JOH 1708 NORTH 14 PENSACOLA, F	TH AVENUE		Title: Name: Address: City-St-Zip:	CHRD (X HOSMAN, JOH 316 S. BAYLE PENSACOLA,	EN ST.	
Title: Name: Address: City-St-Zip:	VCHR () RITCHIE, WALT 40 NORTH PALA PENSACOLA, F	AFOX STREET		Title: Name: Address: City-St-Zip:	D (X STOLHANSKE 125 W. ROMA PENSACOLA,	NA STREET	
Title: Name: Address: City-St-Zip:	SD () GROVE, JENNIF ONE ENERGY F PENSACOLA, F	PLACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DELAINO, THOM 1000 COLLEGE PENSACOLA, F	BOULEVARD		Title: Name: Address: City-St-Zip:	NORMAN, JE	ERNMENT STREET	1
Title: Name: Address:	TD () HOSMAN, JOHN 315 SOUTH BAY			Title: Name: Address:	TD (X HOUSH, SKIP 1304 TOUR D		ı

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.

City-St-Zip:

SIGNATURE: CLAIREN J. REESE ED 01/16/2009

PENSACOLA, FL 32502

City-St-Zip:

GULF BREEZE, FL 32563