


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90168 012 \*\*\*\*70.00

**DOCUMENT # N10193**  
 1. Entity Name  
 FLORIDA LITERACY COALITION, INC.



Principal Place of Business  
 934 N MAGNOLIA AVE  
 STE. 104  
 ORLANDO, FL 32803-3854 US

Mailing Address  
 934 N MAGNOLIA AVE  
 STE. 104  
 ORLANDO, FL 32803-3854 US

40059565



2. Principal Place of Business - No P.C. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
 59-2588924

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

SMITH, GREGORY  
 934 N. MAGNOLIA AVE  
 SUITE 104  
 ORLANDO, FL 32-803

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD  
 NAME: KOSTRUS, DARLENE  
 STREET ADDRESS: 551 SE 8TH ST.  
 CITY-ST-ZIP: DELRAY BEACH, FL 33483

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: PD  
 NAME: PANKOWIECKI, JOE  
 STREET ADDRESS: 1081 NODDINGPINES WAY  
 CITY-ST-ZIP: CASSELBERRY, FL 32707

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: TD  
 NAME: ROESH, JAY  
 STREET ADDRESS: 1093 SHIMMERING SANDS DR  
 CITY-ST-ZIP: OCOEE, FL 34761

Delete

TITLE: TD  
 NAME: Nishad Khan  
 STREET ADDRESS: 111 N. Orange Ave. Suite 1200  
 CITY-ST-ZIP: Orlando, FL 32801

Change  Addition

TITLE: SD  
 NAME: NEWELL, SANDY  
 STREET ADDRESS: 500 SOUTH BRONOUGH ST.  
 CITY-ST-ZIP: TALLAHASSEE, FL 32399

Delete

TITLE: D  
 NAME: Dan Norman  
 STREET ADDRESS: 1105 Oak Pound Dr.  
 CITY-ST-ZIP: Celebration, FL 34747

Change  Addition

TITLE: D  
 NAME: BLAINE, CHUCK  
 STREET ADDRESS: 4305 VINELAND RD SUITE 62  
 CITY-ST-ZIP: ORLANDO, FL 32811

Delete

TITLE: D  
 NAME: Monica Barley  
 STREET ADDRESS: 3193 Seminole Rd.  
 CITY-ST-ZIP: Chuluok, FL 32328

Change  Addition

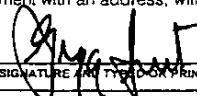
TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

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:  Gregory Smith Date: 4/2/07 Daytime Phone #: 405-246-7460