


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14681 (3)**

1. Corporation Name  
**COLUMBIA LITERACY COUNCIL, INC.**

Principal Place of Business <b>490 N COLUMBIA ST LAKE CITY FL 32055</b>	Mailing Address <b>490 N COLUMBIA ST LAKE CITY FL 32055-2816</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

3. Date Incorporated or Qualified <b>05/01/1986</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-2865037</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRASER, RUTH  
490 N COLUMBIA ST  
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name **Simone D. O'Dom**

82 Street Address (P.O. Box Number is Not Acceptable)  
**490 N. Columbia St.**

83 **Lake City**

84 City **Lake City**

85 Zip Code **FL 32055**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Simone D. O'Dom* DATE **6-6-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALDERMAN, NORVELLE</b>	
STREET ADDRESS	<b>RT 9, BOX 1058</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIEBEIG, VIRGINIA</b>	
STREET ADDRESS	<b>RT 8, BOX 467</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, CHARLOTTE</b>	
STREET ADDRESS	<b>1081 NORTH ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDOLPH, MAIZIE</b>	
STREET ADDRESS	<b>14 CHAPEL HILL BLVD</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HENDRICKSON, JANET</b>	
STREET ADDRESS	<b>P.O. BOX 1176 N/A</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32056</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JAMES, CHARLOTTE</b>	
STREET ADDRESS	<b>1081 NORTH ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Houston, Louise</b>	
1.3 STREET ADDRESS	<b>305 OAK AVE.</b>	
1.4 CITY-ST-ZIP	<b>Lake City, Fl. 32055</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D O'Dom, Simone</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>75 Pine Street</b>	
6.3 STREET ADDRESS	<b>Lake City, Fl. 32025</b>	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)