

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14681 (3)
 1. Corporation Name
COLUMBIA LITERACY COUNCIL, INC.



Principal Place of Business 490 N COLUMBIA ST LAKE CITY FL 32055	Mailing Address 490 N COLUMBIA ST LAKE CITY FL 32055
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3. Date Incorporated or Qualified 05/01/1986		
4. FEI Number 59-2865037	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
O'DOM, SIMONE D
490 N COLUMBIA ST
LAKE CITY FL 32055

10. Name and Address of New Registered Agent
 81 Name **SANDRA H. KRELOCH**
 82 Street Address (P.O. Box Number is Not Acceptable)
490 N. Columbia St.
 83 **1**
 84 City **Lake City** **FL** 85 Zip Code **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: *Sandra H. Kreloch* **7-6-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, LOUISE	
STREET ADDRESS	305 OAK AVE	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GIEBEIG, VIRGINIA	
STREET ADDRESS	RT 8, BOX 467	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, CHARLOTTE	
STREET ADDRESS	1081 NORTH ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RANDOLPH, MAIZIE	
STREET ADDRESS	14 CHAPEL HILL BLVD	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKSON, JANET	
STREET ADDRESS	P.O. BOX 1176 N/A	
CITY-ST-ZIP	LAKE CITY FL 32058	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'DOM, SIMONE	
STREET ADDRESS	75 PINE ST	
CITY-ST-ZIP	LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRELOCH, MICHAEL	
1.3 STREET ADDRESS	RT. 18 BOX 580	
1.4 CITY-ST-ZIP	LAKE CITY, FL 32025	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILKES, PATRICIA	
2.3 STREET ADDRESS	RT. 15 BOX 3065	
2.4 CITY-ST-ZIP	LAKE CITY, FL 32024	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GIEBEIG, VIRGINIA	
3.3 STREET ADDRESS	RT. 8 BOX 467	
3.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: *Michael Kreloch* **7-6-98 904-752-2176**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)