


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 029 ****70.00

DOCUMENT # N14681
1. Entity Name
COLUMBIA LITERACY COUNCIL, INC.



Principal Place of Business Mailing Address
490 N COLUMBIA ST **490 N COLUMBIA ST**
LAKE CITY FL 32055 **LAKE CITY FL 32055**

2. Principal Place of Business 3. Mailing Address
308 N.W. Columbia Avenue **308 N.W. Columbia Avenue**

Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
WRIGHT, TYRON
RR 12 BOX 205C
LAKE CITY FL 32025

7. Name and Address of New Registered Agent
Name **Vickie Lepore**
Street Address (P.O. Box Number is Not Acceptable)
827 SW Bluff Drive
City **Fort White** **FL** Zip Code **32038**

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 *Vickie Lepore* DATE **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 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	VD	<input type="checkbox"/> Delete
NAME	MILLIKIN, MICHAEL	
STREET ADDRESS	523 W ST JOHNS STREET	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, TYRON	
STREET ADDRESS	RR 12 BOX 205C	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHARLOTTE, JAMES	
STREET ADDRESS	1081 NORTH STREET	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	409 SW St. Johns Street.	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vickie Lepore	
STREET ADDRESS	827 SW Bluff Drive	
CITY-ST-ZIP	Fort White, FL 32038	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	587 NW Gibson Lane	
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Vickie Lepore* DATE: **4/28/03** PHONE: **(386) 754-4357**

CR2E037 (10/02)