2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24562

FILED Jan 07, 2008 Secretary of State

Entity Name: LITERACY COUNCIL OF UPPER PINELLAS, INC. **Current Principal Place of Business: New Principal Place of Business:** 223 DOUGLAS AVE DUNEDIN, FL 34698 US **Current Mailing Address: New Mailing Address:** 223 DOUGLAS AVE DUNEDIN, FL 34698 US FEI Number: 59-2864557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAIORANA, NORMA TREAS. MITCHELL, JAY TREAS 2813 PADDOCK DR. 1718 OAK POND COURT OLDSMAR, FL 34677 PALM HARBOR, FL 34684 US 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. SIGNATURE: JAY MITCHELL 01/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VINOUR, VICKI Name: Name: 2087 HUNTER GLENN, APT. 101 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: DONOVAN, GLORIA Name: Address: 434 VILLAGE DRIVE Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: (X) Change () Addition MAIORANA, NORMA Name: MITCHELL, JAY Name: 2813 PADDOCK DR 3242 1718 OAK POND COURT Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: OLDSMAR, FL 34677 Title: VD () Delete Title: () Change () Addition Name: LIGON, MARIAN Name: 11140 104TH AVENUE Address: Address: City-St-Zip: LARGO, FL 33778 City-St-Zip:

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.

SIGNATURE: VICKI VINOUR PD 01/07/2008