2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90038 015 ****70.00

DOCUMENT # N30620

1. Entity Name
READ PINELLAS, INC.

40017336

02092005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
~~C/O DIRECTOR OF ADULT & COMMUNITY ED.~~ ~~301 4TH ST SW~~ ~~LARGO, FL 34640~~ READ Pinellas	3035 66TH AVENUE #59 SAINT PETERSBURG, FL 33702
2. Principal Place of Business 400 Chestnut Street Suite, Apt. #, etc.	3. Mailing Address 400 Chestnut St. Suite, Apt. #, etc.
City & State: Oldsmar FL Zip: 34677 Country: USA	City & State: Oldsmar FL Zip: 34677 Country: USA

4. FEI Number: 59-2962210 ☐ Applied For ☐ Not Applicable

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
GILDRIE, VIRGINIA R. 3035 66TH AVENUE NORTH #59 ST. PETERSBURG, FL 33702	Name: Raymond, Patti Street Address (P.O. Box Number is Not Acceptable): 400 Chestnut Street City: Oldsmar FL Zip Code: 34677

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: Patti Raymond DATE: 2/9/05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SARGENT, LAURA 11142 55TH AVE NO SEMINOLE, FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Godfrey, Paula 1330 Cleveland Street Clearwater, FL 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GILDRIE, VIRGINIA R 3035 66TH AVE., NO 59 ST PETERSBURG, FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Patti Raymond 400 Chestnut Street Oldsmar, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, SHARON 14239 DICKEY ROAD PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THURSBY, SANDRA 2043 INNER CIR S SAINT PETERSBURG, FL 33712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Laura Sargent 11142 55th Ave. N. Seminole, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Patti Raymond 2/9/05 # 813-854-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #