FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31349 (6)

1. Corporation Name
JACKSONVILLE LITERACY COALITION, INC.

Principal Place of Business	Mailing Address
101 W STATE ST JACKSONVILLE FL 32202	101 W STATE ST JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1989
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-3001983 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HINES, HAROLD
101 W STATE ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700001435547 -03/21/95--01136--005
84 City *****70.00 FL *****70.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Harold Hines 2-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President - PD	☒ Change ☐ Addition
NAME	HINES, JAN	1.2 NAME	Susan Rhodes	
STREET ADDRESS	7777 CENTURIAN PKWY	1.3 STREET ADDRESS	5348 110th St.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	~~VD~~	2.1 TITLE	Vice President - VD	☒ Change ☐ Addition
NAME	RHODES, SUSAN	2.2 NAME	Joseph Prince	
STREET ADDRESS	5348 110TH ST	2.3 STREET ADDRESS	1078 Rogero Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	SD	3.1 TITLE	Secretary - SD	☒ Change ☐ Addition
NAME	HARRIS, MARSHA	3.2 NAME	Sandy Miller	
STREET ADDRESS	1128 LAURA ST	3.3 STREET ADDRESS	421 W. Church St., 2nd Floor	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	TD	4.1 TITLE	Past President D	☐ Change ☒ Addition
NAME	ALDEN, TED	4.2 NAME	Jan Pines Pohl	
STREET ADDRESS	9250 BAYMEADOWS RD #440	4.3 STREET ADDRESS	7777 Centurion Pkwy.	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, MARY ANNE	5.2 NAME		
STREET ADDRESS	PO BOX TV12 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	3/15/95 MSF	☐ Change ☐ Addition
NAME	CHARBONNET, CAROLINE	6.2 NAME		
STREET ADDRESS	PO BOX 1949 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 1/27/95 (904) 633 8129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001870