	SECOND N	OTICE: CORPORATION W	ILL BE DISSOLVE	D ON OR AFTER	AUGUST	7, 1996.	<u></u>		
MUUI	NON CORP ANNU	PROFIT PORATION AL REPORT	Sission with	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					
DOCUMENT # N31349 (6)									
JACKSONVILLE LITERACY COALITION, INC.							E SERVICIA ARE DICETAR	NA LININ BIRIT (CA) AN	OLA ONDAL OLOHU OLOHU OLOHU OLOHU OLOHU
Principal Place of Business Mailing Address						<del> </del>			
101 W STATE ST JACKSONVILLE FL 32202  101 W STATE ST JACKSONVILLE FL 32202  JACKSONVILLE FL 32202					!				
							3. Date Incorporated or 0 03/24/1989	ualified 3a.	Date of Last Report 03/15/1995
	Principal Pla	ice of Business	2a. Ma	ailing Address			4. FEI Number 59-3001983		Applied For Not Applicable
	Suite, Apt. #	, etc.		ite, Apt. #, etc.			5. Certificate of Status De	sired	\$8.75 Additional Fee Required
	City & State		Cir	ty & State			6. Election Campaign Fin Trust Fund Contribution	- 1	\$5.00 May Be Added to Fees
	Zip	Country Zip				buntry  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes No			
24		9. Name and Address of	29 Current Registere	d Agent	30		10. Name and Address o		
81 Name									
HINES, HAROLD 101 W STATE ST						82 Street	Address (P.O. Box Number is Not	Acceptable)	
JACKSONVILLE FL 32202						63		<u> </u>	
	*					84 City			85 Zip Code
						1	the statement	for the purpose	e of changing its registered
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.									ppointment as registered
		n familiar with, and accept th	ne obligations of, Se	ection 617.0503, Fit	mua statt	ites.			
SIG	BNATURE _	Signature, typed or printed name of reg				Agent signatur	e required when reinstating)	DA TO OCCICERS	AND DIRECTORS IN 12
12.		OFFIC	ERS AND DIRECTO	DAS DELETE	13. 1.1 Ti	11.6	VICE PRESI		
TITL		RHODES SUSAN	_	Moccen	1.2 N/				
NAN	EET ADDRESS	-5348-110TH ST.	•			REET ADDRESS	SH CLAYTON	MAIN	ST
	r-ST-ZIP	JACKSONVILLE FL.S	2244		1.4 0	TY-ST-ZIP	TACKSONVIL	LE, FO	32202
TITL		<b>₩</b>		DELETE	2 1 TI		PRECIPENT		
NAM		PRINCE, JOSEPH 1078 ROGERO RD.			2.2 N	ame Freet adoress			
-	EET ADORESS	JACKSONVILLE FL 3	32211			ITY - ST - ZIP			
TITL	Y-ST-ZIP E	<del>- 30 -</del>		DELETE	3.1 T		DIRECTOR		Change Addition
NAN	Æ	MILLER, SANDY			3.2 N	AME	N. J. C. J. C.	N. A	. D/ \ #500
STR	EET ADDRESS	421 W. CHURCH ST				TREET ADDRESS	JACKSONVIL	LE E	32207
	Y - ST - ZIP	JACKSONVILLE FL-	CEUE '	DELETE	3.4. C 4.1 T	CITY-ST-ZIP	7 1101 301		Change Addition
TITL		ALDEN, TED				IAME			
1	KEET ADDRESS	9250 BAYMEADOW	S RD #440		438	TREET ADDRESS			
cm	Y-ST-ZIP	JACKSONVILLE FL				TY-ST-ZIP			Change Addition
TIT		D *CHRISTENSEN: MAI	9 <b>∀-</b> &NIME:	DELETE	517	itle Iame	SECRETAR: BROUGHTON	TER	
NAI		PO BOX TV12 N/A	AT VINIAC			ame Treet address	101 W. 12.TH	154	
	REET ADDRESS Y-ST-ZIP	JACKSONVILLE FL				ITY-ST-ZIP	JACKSONVIC	LE, F	L 32206
TIT		D		<b>≥</b> DELETE	6.1 7		DIRECTOR		Change Addition
NA	ME	CHARBONNET, CAJ	ROLINE			IAME	MILLIGAN, C	LALLA	A
STI	REET ADDRESS	PO BOX 1949 N/A				TREET ADDRESS	STACK SONVIN	LE TY	L 32202
CII	Y-ST-ZIP	JACKSONVILLE FL		100	6.40	IIY-SI-ZIP			7(3)(k), Florida Statutes. I

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone I

Dayline Phone I

Double Despine Phone I

DOUBLE DEASURER

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