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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N36416 (8)

1. Corporation Name
LEARN TO READ OF ST. JOHNS COUNTY, INC.

000001429870
-03/15/95--01034--015
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
POST OFFICE BOX 860355 ST. AUGUSTINE FL 32086	POST OFFICE BOX 860355 ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2994710 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 70 South Dixie Highway	26 Post Office Box 860355
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27
City & State 23 St. Augustine, FL	City & State 28 St. Augustine, FL
Zip 24 32095 County 25 USA	Zip 29 32086 County 30 USA

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

9. Name and Address of Current Registered Agent

UNITED WAY OF ST. JOHNS COUNTY, INC.
93 ORANGE STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: United Way of St. Johns County, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 117 Bridge Street
83
84 City: St. Augustine, FL 85 Zip Code: 32084

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHINELLER, MARIA	1.2 NAME	
STREET ADDRESS	326 SHAMROCK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, NORMAN H	2.2 NAME	
STREET ADDRESS	1038 SAN REMO RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	~~DV~~	3.1 TITLE	DV ☒ Change ☐ Addition
NAME	~~CZUFIN, MARILYN~~	3.2 NAME	Susan Harry
STREET ADDRESS	210 COTORRO LANE	3.3 STREET ADDRESS	~~P. O. Box 9014~~ 105 Ponce de Leon Blvd
CITY-ST-ZIP	~~ST. AUGUSTINE FL~~	3.4 CITY-ST-ZIP	St. Augustine, FL 32085
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FAGUNDO, PAUL P	4.2 NAME	
STREET ADDRESS	407 C STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	WALER, RICHARD, JR.	5.2 NAME	
STREET ADDRESS	116 NAUTILUS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	~~DV~~ DS	6.1 TITLE	DS ☒ Change ☐ Addition
NAME	~~MACSWAIN, MACSWERN~~	6.2 NAME	Rosann Rogers
STREET ADDRESS	~~210 WILDWOOD DRIVE UNIT K~~	6.3 STREET ADDRESS	236 Barrataria Drive
CITY-ST-ZIP	~~ST. AUGUSTINE FL~~ 3-13	6.4 CITY-ST-ZIP	St. Augustine, FL 32086

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: Marie E. Schineller Maria E. Schineller, Pres. 2/25/95 (904) 826-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028033

February 25, 1995

Additional Officers/Directors

7. DV

Mary Beckett
238 Shores Boulevard
St. Augustine, FL 32086

8. D

Michael Kennedy
85 South Dixie Highway
St. Augustine, FL 32095

9. D.

Doris Meiszer
252 Redfish Creek
St. Augustine, FL 32095

10. D

Harry Maxwell 814 W. 10th St.
Post Office Box 2213
St. Augustine, FL 32085