| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1996 |   |   | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |                                      |  |                              |                            |               |
|---|---|---|---|--------------------------------------|--|------------------------------|----------------------------|---------------|
| DO<br>1. Cor                                      | CUMENT #  | N36416  | (8)   |                                      |  |                              |                            |               |
| L   | EARN TO READ OF S   | ST. JOHNS COUNT   | TY, INC.  |                                      |  |                              |                            |               |
| <u> </u>  |   |   |   | ·····                                |  |                              |                            |               |
| · ·   | at Place of Business  OUTH DIXIE HWY                                  |   | ng Address<br>D. <b>80X 860355</b>  |                                      |  | . 8414 81814 81814 61811 918 | 11 G.S.1 G.S.1 1861        |               |
| STE.  |   |   | . AUGUSTINE FL 320  | <b>6</b> 6                           |  |                              | 7.1                        | _             |
|   |   |   |   |                                      | <ol> <li>Date Incorporated or Qualified<br/>01/26/1990</li> </ol>  | 3a. Date of Last 03/13/      |                            |               |
| 2. Prin<br>21                                     | cipal Place of Business   | 2a. N   | failing Address   |                                      | 4. FEI Number<br>59-2994710  |                              | Applied For                | 1             |
|   | e, Apt. #, etc.   |   | uite, Apt. #, etc.  | ***                                  | Certificate of Status Desired  | \$8.7                        | Not Applicable  Additional | 1             |
| City  | & State   | ···   | Sity & State  |                                      | 6. Election Campaign Financing   |                              | Required  May Be           | $\frac{1}{2}$ |
| <b>23</b> Zip                                     | Coun  |   | ıp  | Country                              | Trust Fund Contribution  8. This corporation has liability for in  | LJ Adde                      | d to Fees                  | $\frac{1}{2}$ |
| 24  | 9 Name and Add  | 29<br>ress of Current Register                            | red Agent   | 30                                   | Florida Statutes   | Yes 🔀 No                     | 199.032,                   | _             |
|   | D. Halle and Place  | oos of Carrent Hogister                                   | eu Agent  | 81 Name                              | 10. Name and Address of New Re   | gistered Agent               | <del></del>                | ┨             |
|   | NITED WAY OF ST. JOHN   | IS COUNTY, INC.   |   | 82 Street Add                        | ress (P.O. Box Number is Not Acceptable  | )                            |                            | -             |
|   | 17 BRIDGE ST.<br>T. AUGUSTINE FL 32084                                |   |   | 83                                   |  |                              |                            | _             |
|   |   |   |   | 84 City                              |  | <b> 85</b> Zi                | p Code                     | -             |
| <b>11</b> . Pu                                    | rsuant to the provisions of Sec                                       | tions 617.0502 and 617.1                                  | 508, Florida Statutes   | s, the above-named corpor            | ration submits this statement for the purp   | ose of changing its r        | egistered office           | ]<br>         |
| or i<br>fan                                       | registered agent, or both, in th<br>niliar with, and accept the oblig | e State of Florida. Such of<br>pations of, Section 617,05 | nange was authorize<br>03, Florida Statutes.  | d by the corporation's boar          | ration submits this statement for the purp<br>rd of directors. I hereby accept the appoi   | ntment as registered         | agent. I am                |               |
| SIGNAT  |   | e of registered agent and little if appli                 | icable (NOT   | : Registered Agent signature require | d when reinstating)  | DATE                         |                            |               |
| 12.<br>Tille                                      | DP  | OFFICERS AND DIRECTO                                      | DRS DELETE  | 13.                                  | ADDITIONS/CHANGES TO OFFIC   |                              |                            | E037 (12/95)  |
| NAME  | SCHINELLER, M   | ARIA  | Porteir   | 1.1 TITLE<br>1.2 NAME                |  | Change                       | ☐ Addition                 | 7 (1)         |
| STREET AC   | DORESS 326 SHAMROCK   | ROAD  |   | 1.3 STREET ADDRESS                   |  |                              |                            |               |
| CITY-ST-  | ZIP ST. AUGUSTINE   | FL  | DELETE  | 1.4 CITY-ST-ZIP<br>21 TITLE          |  | Change                       | - Addition                 | 뜅             |
| NAME  | BAKER, NORMA  | NH  | Ditte   | 22 NAME                              |  | □ cuange                     | ☐ Addition                 |               |
| STREET AS   | 1000 0.000  |   |   | 2 3 STREET ADDRESS                   |  |                              |                            |               |
| CITY-ST-  | ZIP ST. AUGUSTINE   | FL  | DELETE  | 2. 4 CiTY-S1-ZiP<br>3.1 TiTLE        |  | CT Channe                    | - 1480                     | 1             |
| NAM:  | HARRY, SUSAN  |   | Постен  | 3.2 NAME                             |  | Change                       | Addition                   |               |
| STHEET AC   | DORESS 105 PONCE DE   |   |   | 3.3 STREET ADDRESS                   |  |                              |                            |               |
| CITY - ST - :                                     | ST. AUGUSTINE   | FL 32085  | DELETE  | 3 4. CITY - ST - ZIP                 |  |                              | F-1 4 7 192                | 1             |
| NAME  | FAGUNDO, PAU  | L P   | Doccent   | 4.1 TITLE<br>4. 2 NAME               |  | Change                       | Addition                   |               |
| STREET AD   |   |   |   | 4.3 STREET ADDRESS                   |  |                              |                            |               |
| CITY-ST-  |   | FL 32084  | Documen   | 4.4 CITY-ST-ZIP                      | - 11-11  |                              |                            | ļ             |
| TITLE<br>NAME                                     | DT<br>Waler, Richar   | D. JR.  | DELETE  | 5 1 TITLE<br>5 2 NAME                |  | Change                       | ☐ Addition                 |               |
| STREET AD   | 44441515111111  | •   |   | 53 STREET ADDRESS                    |  |                              |                            |               |
| CITY-ST-  | <del></del>   | FL  | F21   | 54 CITY-ST-ZIP                       | To the second se |                              |                            |               |
| TITLE<br>NAME                                     | DS<br>ROGERS, ROSAI   | NN  | DELETE  | 61 TITLE                             |  | Change                       | ☐ Addition                 |               |
| STREET AD   | *** ***   |   |   | 62 NAME<br>63 STREET ADDRESS         |  |                              |                            |               |
| City-St-2   | ZIP ST. AUGUSTINE   | FL 32086  |   | 6.4 CITY-ST-ZIP                      |  |                              |                            |               |
| Cen   | urv unat une information indicati                                     | eo on inis annual record oi                               | ' Supplemental annua  | il renort is tolia and accura        | or the exemption stated in Section 119.07 te and that my signature shall have the se   | ama kaaal affaat aa if       | mode under                 | 1             |
| Oati  | h; that I am an officer or direct<br>lears in Block 12 or Block 13 i  | or of the corporation of th                               | e receiver or trustee   | emoowered to execute this            | s report as required by Chapter 617, Flori   | da Statutes; and the         | t my name                  |               |
| SIG   | NATURE: // OVA  | il Solina   | la,   | Maria & Cab                          | nineller, Pres.  | 2/21/96                      |                            |               |
|   | SIGNATU   | RE AND TYPED OR PRINTED NA                                | ME OF SIGNING OFFICER   | ON DIRECTOR TO THE OWNER.            | · L · · · O L L O L 7 - C A D D ·  | Destroya Phone 4             |                            | ì             |

# 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 Post Office Box 2213 St. Augustine, FL 32085

## 11. D

Jonathan Mantay 133 Lobelia Road St. Augustine, FL 32086