FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36416

(8)

LEARN TO READ OF ST. JOHNS COUNTY, INC.

Principal Place	e of Business	Mailing Address				4 TORITIOL BER VILLA BINDI TIBUR DILL RIBUR BINL BIRTH I
70 SOUTH DIXIE HWY STE. #B ST. AUGUSTINE FL 32095		P.O. BOX 860355 ST. AUGUSTINE FL 32086-0355 US				
on Aboutine	71 02000					3. Date Incorporated or Qualified 01/26/1990 3a. Date of Last Report 02/27/1996
2. Principal Pi 21	ace of Business	2a. Mailing Address 26	— ·			4. FEI Number
Suite, Apt	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip Cou			itry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes V No		
	y, Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Registered Agent
LIMITED	MAY OF OT BOUND COUNTY	NO.		"	INATIO	
UNITED WAY OF ST. JOHNS COUNTY, INC. 117 BRIDGE ST.				82 Street Address (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32084			1	B3		
			ļ	B4	City	85 Zip Code
11 Pureuant	o the provisions of Sections 617 060	2 and 617 1509 Florida Statutor	the sh		5000d	FL 63 2.0 Cook
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. Lai	m familiar with, and accept the oblig-	ations of, Section 617,0503, Flori	ida Statu	tes.		· · · · · · · · · · · · · · · · · · ·
SIGNATURE _	Signature: typed or printed harrie of registered age	ent and tale if applicable (NOTE	Panistered	Agent	rizoeh re	re required when reinstating) DATE
12.	OFFICERS AN		13.	A Quelli	a gricitive	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITL	 .E		DP X Change Addition
NAME	SCHINELLER, MARIA	31	1.2 NAN			1 5
STREET ADDRESS	AAA ALIANDAAN BAAB		1.3 STR	EFT A	DDRESS	HARRY, SUSAN
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 C/TY-3			St. Augustine, FL 32084
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	BAKER, NORMAN H		2.2 NAME			1 to 2
STREET ADDRESS	1038 SAN REMO RD.		2.3 STREE		DDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		2. 4 CIT	Y-ST	- ZiP	
TITLE	DV	DELETE	3.1 TITL	1 TITLE		DV Change X Addition
NAME	HARRY, SUSAN		3.2 NAME			JONES, VIRGIL
STREET ADDRESS	105 PONCE DE LEON BLVD.		3.3 STR	EET A	DDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085		3.4. CIT	Y-\$1	-ZIP	E1kton, FL 32033
TITLE	D	☐ DELETE	4.1 TITL	.E		☐ Change ☐ Addition
NAME	FAGUNDO, PAUL P		4. 2 NA	ME		
STREET ADDRESS	407 C STREET		4.3 STR	EET A	DDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084		4.4 CITY		ZIP	
TITLE	DT	₩ DELETE	5.1 TITL			DT Change Addition
NAME	WALER, RICHARD, JR.		5.2 NAN			KENNEDY, MICHAEL
STREET ADDRESS	OT ALIGUIOTINE EL		5.3 STA	EET A	DDRESS	85 South Dixie Highway St. Augustine, FL 32095
CITY-S1-ZIP	ST. AUGUSTINE FL DS	KI OFFITE	5.4 CITY		ZIP	St. Augustine, FL 32095
TITLE	* -	₹ DELETE	6.1 TITLE			DS Change Addition
NAME STOLLI ADDRESS	ROGERS, ROSANN 236 BARRATARIA DR.		6.2 NAME		MADES	PALMER, SHARON
STREET ADDRESS	CT ALICUICTINE EL DOGGO				DDRESS	P. O. Drawer 3007 St. Augustine, FL 32085
CITY-ST-ZIP 14. I do hereb	ov certify that the information supplied	d with this filing does not qualify	6.4 CITY	Yerr	otion s	stated in Section 119 07(3)(i) Florida Statutes further carrier that the
14. I do 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 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.						
approved the transfer of the management of the m						

SIGNATURE:

Jusqu'z Harr 11 Susant Harr

3/4/97

471-7673

FILED

Mar 10 1997 8:00am

Secretary of State

Additional Officers/Directors

7. DV Meiszer, Doris 252 Redfish Creek St. Augustine, FL 32095

8.D Kathy Sue Graw 1960 N. Ponce de Leon Blvd St. Augustine, FL 32084

9. D
Pat Roberson
17 Rollins Avenue
St. Augustine, FL 32095

10. D Mildred Thomas 224 Gentian Road St. Augustine, FL 32086

11. D
Willie Willis
P. O. Box 336
Haastings, FL 32145