2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
02-24-2002 90030 014 ****61.25

DOCUMENT # N36416

1. Entity Name

LEARN TO READ OF ST. JOHNS COUNTY, INC.

Principal Place of Business	Mailing Address
70 SOUTH DIXIE HWY STE. #B ST. AUGUSTINE FL 32095	P.O. BOX 860355 ST. AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2994710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED WAY OF ST. JOHNS COUNTY, INC. 117 BRIDGE ST. ST. AUGUSTINE FL 32084	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VIRGIL JONES 6340 BROUGH RD ELKTON FL 32033	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ATKINS, EDWARD 4255 US 1 SOUTH #7 SAINT AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELLICER, CHARLES 28 CORDOVA STREET ST. AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Director Susan D. Walker 6960 Catlett Road St Augustine FL 32095	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILLIAMS, CARL 134 JASMINE RD SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Barbara Schuerman 6482 Broward St Augustine, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HINES, RACHEL 279 HIDALGO ROAD ST. AUGUSTINE FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HINES, RACHEL 279 HILDAGO ROAD ST AUGUSTINE, FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Paul Facundo 15 Willow Drive St Augustine FL 32084	☐ Change ☒ Addition

CR2E037 (9/01)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Susan D. Walker Executive Director 2/14/2002 904-826-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #