2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90011 003 ****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

MOORE CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Barbara Schuerman 203 Heritage Ct. St. Augustine, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BARBARA, SCHUERMAN 6482 BROWARD ST AUGUSTINE FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Doris Meiszer 252 RedfishCreek Dr St. Augustine, FL 32095	☐ 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	Treasurer William Boyles DT 720 El Vergel Lane St. Augustine, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKETT, MARY 238 SHORES BLVD. SAINT AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Virgil Jones 6340 Brough Rd. Elkton, FL 32033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HINES, RACHEL 279 HIDALGO ROAD ST. AUGUSTINE FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Cheryl Daly 553 Boxwood Pl. St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PAUL, FAGUNDO 15 WILLOW DRIVE SAINT AUGUSTINE FL 32-0847	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bruce Kendeigh 240 Redfish Creek St. Augustine, FL 32095	☐ Change ☒ Addition

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: Janet H. Hutson JANET H. HUTSON 2/4/04 904-826-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #