

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90009 026 ****70.00

DOCUMENT # N36416 1. Entity Name LEARN TO READ OF ST. JOHNS COUNTY, INC.			
Principal Place of Business 70 SOUTH DIXIE HWY STE. #B ST. AUGUSTINE, FL 32095		Mailing Address P.O. BOX 860355 ST. AUGUSTINE, FL 32086 US	
2. Principal Place of Business 70 S.Dixie Highway Suite, Apt. #, etc. n/a		3. Mailing Address P.O. Box 860355 Suite, Apt. #, etc.	
City & State St. Augustine, FL Zip 32084		City & State St. Augutine, FL Zip 32084	
Country US		Country US	
6. Name and Address of Current Registered Agent UNITED WAY OF ST. JOHNS COUNTY, INC. 117 BRIDGE ST. ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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 D NAME MURRAY, JANE STREET ADDRESS 8090 HW A1A SOUTH, 503 CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	☒ Delete	TITLE President NAME Daly, Cheryl STREET ADDRESS 553 Boxwood Place CITY-ST-ZIP St. Augutine, FL 32086	☒ Change ☐ Addition
TITLE DT NAME BOYLES, WILLIAM STREET ADDRESS 720 EL VERGEL LANE CITY-ST-ZIP ST AUGUSTINE, FL 32080	☐ Delete	TITLE Vice President NAME Altman, Catherrine, ESQ STREET ADDRESS 1021 Cedar Cove Drive CITY-ST-ZIP 32086	☒ Change ☐ Addition
TITLE DV NAME DALY, CHERYL STREET ADDRESS 5553 BOXWOOD PL CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	☒ Delete	TITLE Treasurer NAME Boyles, Bill STREET ADDRESS 720 El Vergel Lane CITY-ST-ZIP St. Augutine, FL 32080	☐ Change ☐ Addition
TITLE S NAME MEISZER, DORIS STREET ADDRESS 252 REDFISHCREEK DR. CITY-ST-ZIP SAINT AUGUSTINE, FL 32095	☒ Delete	TITLE Secretary NAME Hodyss, Loretta STREET ADDRESS 3576 Red Cloud Trail CITY-ST-ZIP St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE DP NAME HINES, RACHEL STREET ADDRESS 279 HIDALGO ROAD CITY-ST-ZIP ST. AUGUSTINE, FL 32080	☒ Delete	TITLE Director NAME Paul Fagundo STREET ADDRESS 15 Willow Drive CITY-ST-ZIP St. Augustine, FL 32084	☒ Change ☐ Addition
TITLE DV NAME PAUL, FAGUNDO STREET ADDRESS 15 WILLOW DRIVE CITY-ST-ZIP SAINT AUGUSTINE, FL 320847	☒ Delete	TITLE Director NAME Meiszer, Doris STREET ADDRESS 252 Redfish Creek Drive CITY-ST-ZIP St. Augustine, FL 32095	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cheryl Daly</i> CHERYL DALY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02/27/06 Date	
		904-823-3937 Daytime Phone #	

ATTACHMENT
40022627
#N36416

Director
Hunsicker, Karen
316 C Street
St. Augustine, FL 32080

Director
Murray, Jane
8090 SIA South, Apt 503
St. Augutine, FL 32084

Director
Rines, Cathy
4829 Innisbrook Court S.
Elkton, FL 32095

Director
Wieser, Walter
320 Cooper Cove Road
St. Augutine, FL 32095

Director
Flickinger, Carol
P.O. Box 274
Elkton, FL 32033