2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N36416

Entity Name: LEARN TO READ OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

STE. #B
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

70 SOUTH DIXIE HWY
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 860355
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2994710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED WAY OF ST. JOHNS COUNTY, INC.
117 BRIDGE ST.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ALTMAN, CATHERINE ESQ	
Address:	1021 CEDAR COVE DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	DT	( ) Delete
Name:	BOYLES, WILLIAM	
Address:	720 EL VERGEL LANE	
City-St-Zip:	ST AUGUSTINE, FL 32080	
Title:	V	( ) Delete
Name:	HAMILTON, NEAL	
Address:	776 CYPRESS CROSSING TRAIL	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	T	( ) Delete
Name:	BOYLES, BILL	
Address:	720 ELE VERGEL LN	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	S	( ) Delete
Name:	HODYSS, LORETTA	
Address:	3576 RED CLOUD TRAIL	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	( ) Delete
Name:	HUNSICKER, KAREN	
Address:	316 C STREET	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET H. HUTSON EXEC 03/27/2009

Electronic Signature of Signing Officer or Director — Date