2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# N36416

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

Current Principal Place of Business:

70 SOUTH DIXIE HWY
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

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
Name: NEAL, HAMILTON
Address: 776 CYPRESS CROSSINGTRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DT
Name: SICKLER, JENNIFER
Address: 709 S. PONCE DE LEON
City-St-Zip: ST AUGUSTINE, FL 32084

Title: V
Name: MOUNTCASTLE, DEE
Address: 3175-1 A1A SAOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T
Name: SICKLER, JENNIFER
Address: 709 S. PONCE DE LEON BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S
Name: HODYSS, LORETTA
Address: 3576 RED CLOUD TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: STEWERT, SUSAN
Address: 172 SPARTINA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: JANET H. HUTSON MRS 02/24/2011

Electronic Signature of Signing Officer or Director — Date