

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90947 018 ****61.25

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

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

**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

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN, WALKER D 6960 CATLETT ROAD SAINT AUGUSTINE FL 32095	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARBARA, SCHUERMAN 6482 BROWARD ST AUGUSTINE FL 32080	☐ Delete
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	DT WILLIAMS, CARL 134 JASMINE RD SAINT AUGUSTINE FL 32086	☒ Delete
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	DV PAUL, FAGUNDO 15 WILLOW DRIVE SAINT AUGUSTINE FL 32-0847	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane Murray 8090 Hwy ALA South, #503 St Augustine, FL 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doris Meiszer 252 Redfish Creek Drive St. Augustine, FL 32095	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Virgil Jones 6340 Brough Road Elkton, FL 32033	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Beckett 238 Shores Blvd., St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Bill Boyles 720 El Vergel Lane St. Augustine, FL 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Bruce Kendeigh 240 Redfish Lane, St Aug FL 32095 D Pearl McKinney PO Box 116, St Aug., FL 32085	☐ 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: X **Executive Director,** **904-826-0011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)