2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N38243

Entity Name: LITERACY COUNCIL OF BONITA SPRINGS, INC.

Current Principal Place of Business:

27308 OLD 41 ROAD
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2703
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 65-0153890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACUNA, SUSAN
27308 OLD 41 ROAD
BONITA SPRINGS, FL 34135 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: DT ( ) Delete
Name: ANDERSON, SHELLEY D
Address: 10630 GOODWIN ST.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete
Name: KELLUM, KEN
Address: 1420 EL PRADO AVE
City-St-Zip: FORT MYERS, FL 33901

Title: DP ( ) Delete
Name: SHORT, CRISTA
Address: 4738 RIVERSIDE DRIVE
City-St-Zip: ESTERO, FL 33928

Title: DVP ( ) Delete
Name: HASTINGS, KIM
Address: 1420 EL PRADO AVE
City-St-Zip: FORT MYERS, FL 33901

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:

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: SHELLEY ANDERSON MS. 04/14/2009

Electronic Signature of Signing Officer or Director — Date