

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46454

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** DESOTO COUNTY LITERACY COUNCIL, INC.

**Current Principal Place of Business:**

310 W WHIDDEN ST  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

1884 SE MARYLAND ST  
ARCADIA, FL 34266 US

**New Mailing Address:**

**FEI Number:** 65-0311883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALDRON, JR, EUGENE ESQ  
124 N BREVARD AVE  
ARCADIA, FL 34266 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: BARNES, SUSAN  
Address: 1295 SE AIRPORT RD  
City-St-Zip: ARCADIA, FL 34266

Title: V ( ) Delete  
Name: ROLLER, MARY  
Address: 8605 SW DEER TR  
City-St-Zip: ARCADIA, FL 34266

Title: TS ( ) Delete  
Name: RAYMOND, ANSON G JR  
Address: 1884 SE MARYLAND ST  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: SAN LUIS, ROBERT  
Address: STIRRUP WAY  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: HEAD, DARLENE  
Address: 2692 HWY 70 591  
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete  
Name: BEARD, BONNIE  
Address: 41 GLENDORA AVE  
City-St-Zip: ARCADIA, FL 34266

**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: ANSON RAYMOND

TS

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date