FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48598 (9)

1. Corporation Name

LEHIGH ACRES LITERACY COUNCIL, INC.

Principal Place of Business	Mailing Address
9 BETH STACEY BLVD STE 202 LEHIGH ACRES FL 33936 US	9 BETH STACEY BLVD STE 202 LEHIGH ACRES FL 33936 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1992

3a. Date of Last Report: 02/14/1994

4. FEI Number: 65-0217732 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROOT, MARY G.
1109 WASHINGTON AVENUE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary G. Root
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROOT, MARY G.	1.2 NAME	
STREET ADDRESS	1109 WASHINGTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	AD	2.1 TITLE	☐ Change ☐ Addition
NAME	COATES, JEANNE M.	2.2 NAME	
STREET ADDRESS	133 BROOKSIDE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LEPIEN, LORAINE M.	3.2 NAME	
STREET ADDRESS	10 BETH STACEY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	FERRANTE, J PATRICIA	4.2 NAME	
STREET ADDRESS	410 CATCUS CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	BALAS, EILEEN	5.2 NAME	
STREET ADDRESS	10 BETH STACEY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary G. Root 3-16-95 1-813-369-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY G. Root

0060449