

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000128

FILED
Aug 12, 2006
Secretary of State

Entity Name: COMMISSION ON ADULT BASIC EDUCATION, INC.

Current Principal Place of Business:

218 ANNIE STREET
ORLANDO, FL 32806

New Principal Place of Business:

1320 JAMESVILLE AVE.
SYRACUSE, NY 13210

Current Mailing Address:

P.O. BOX 592053
ORLANDO, FL 328592053

New Mailing Address:

1320 JAMESVILLE AVE.
SYRACUSE, NY 13210

FEI Number: 59-3164580 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PUGH, IRBY G
218 ANNIE ST
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

ADULT LITERACY LEAGUE INC.
345 W. MICHIGAN STREET
SUITE 100
ORLANDO, FL 32806 US

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: JOYCE WHIDDEN

08/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAIBORNE, SHERRIE
Address: 220 SHLEBY THOMPSON LANE
City-St-Zip: HARROGATE, TN 37752

Title: VD () Delete
Name: GAGLIARDI, DOM
Address: 3750 MARY LANE
City-St-Zip: ESCONDIDO, CA 92025

Title: CFOD () Delete
Name: ADY, LAURENCE I
Address: 2495 TRENTWOOD BLVD.
City-St-Zip: BELLE ISLE, FL 32812

Title: PD () Delete
Name: LAWSON, GAIL M
Address: 31 MILL ROAD
City-St-Zip: FOSTER, RI 02825

Title: S () Delete
Name: WENG, ROBERT
Address: 5078 KENSINGTON AVE.
City-St-Zip: SAINT LOUIS, MO 631081010

Title: D () Delete
Name: BEAULIEU, EVELYN
Address: 5749 MERRILL HALL UNIV. MAINE
City-St-Zip: ORONO, ME 04469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAGLIARDI, DOM
Address: 3750 MARY LANE
City-St-Zip: ESCONDIDO, CA 92025

Title: V (X) Change () Addition
Name: KORNAHRENS, JULIE
Address: 1325-A BOONEHILL RD.
City-St-Zip: SUMMERVILLE, SC 29483

Title: PE (X) Change () Addition
Name: WENG, BOB
Address: 5078 KENSINGTON AVE.
City-St-Zip: ST. LOUIS, MO 63108

Title: S (X) Change () Addition
Name: ANDY, TYSKIEWICZ
Address: 111 CHARTER OAK AVENUE
City-St-Zip: HARTFORD, CT 06106

Title: PP (X) Change () Addition
Name: LAWSON, GAIL DR.
Address: 165 STATE STREET SUITE 311
City-St-Zip: NEW LONDON, CT 06320

Title: CFO (X) Change () Addition
Name: MCDERMOTT, TIM K CPA
Address: 10601 MAGNOLIA AVE.
City-St-Zip: SANTEE, CA 92071

I hereby certify that the information supplied with this filing does not qualify for the 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: DOM GAGLIARDI

P

08/12/2006

Electronic Signature of Signing Officer or Director

Date