


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N93000003673 (1)</b> 1. Corporation Name <b>GREATER READING OR WRITING SKILLS LITERACY COUNCIL, INC.</b>		



Principal Place of Business <b>52 EAST MAIN STREET APOPKA FL 32703 US</b>		Mailing Address <b>52 EAST MAIN STREET APOPKA FL 32703 US</b>		3. Date Incorporated or Qualified <b>08/13/1993</b>	
		4. FEI Number <b>59-3200028</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b> City & State		<b>27</b> City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>23</b> Zip		<b>28</b> Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Country		<b>29</b> Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SEHLMAYER, CY 3435 BUTTON BUSH DRIVE ZELLWOOD FL 32798</b>				10. Name and Address of New Registered Agent	
				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City <b>FL</b> <b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARLAUMONT	1.2 NAME	Keith Lejevre
STREET ADDRESS	151 E.S. FAWSETT RD	1.3 STREET ADDRESS	225 E. Robinson St. Suite 540
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMORE, ANNIE L	2.2 NAME	Leydi Nuñez
STREET ADDRESS	218 E 16 STREET	2.3 STREET ADDRESS	11491 Rocket Bl.
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Orlando, FL 32824
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ROSE	3.2 NAME	Walt Gilmore
STREET ADDRESS	649 N SLOTE	3.3 STREET ADDRESS	216 Live Oak Lane
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMER, JANICE	4.2 NAME	Sister Teresa Lavelle
STREET ADDRESS	2100 LEE RD., SUITE A	4.3 STREET ADDRESS	834 S. Orange Blossom Trail
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSO, GINNY	5.2 NAME	Loso, Ginny
STREET ADDRESS	312 COUNTRY LANDING BLVD	5.3 STREET ADDRESS	312 Country Landing Blvd.
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECKER, LINDA	6.2 NAME	Kimmy Ellinwood
STREET ADDRESS	943-205 BAKEWELL CT	6.3 STREET ADDRESS	663 Jamestown Blvd. Apt. 1080
CITY-ST-ZIP	LAKE MARY FL	6.4 CITY-ST-ZIP	Alt. Springs, FL 32714

14. 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 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: Sandra B. Mortham 1-13-98 889-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)