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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003673

1. Corporation Name
GREATER READING OR WRITING SKILLS LITERACY COUNC IL, INC.

Principal Place of Business	Mailing Address
52 EAST MAIN STREET APOPKA FL 32703 US	52 EAST MAIN STREET APOPKA FL 32703 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/13/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3200028 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEHLMEYER, CY 3435 BUTTON BUSH DRIVE ZELLWOOD FL 32798	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV NAME KEITH LEFEVRE STREET ADDRESS 225 E ROBINSON ST #540 CITY-ST-ZIP ORLANDO FL 32801	☒ DELETE	1.1 TITLE DVP 1.2 NAME Anita Gilmore 1.3 STREET ADDRESS 216 Live Oak Ln. 1.4 CITY-ST-ZIP Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE ~~DS~~ NAME LEYDI NUNEZ STREET ADDRESS 11491 ROCKET BL CITY-ST-ZIP ORLANDO FL 32824	☒ DELETE	2.1 TITLE DS 2.2 NAME Rosemary Orosch 2.3 STREET ADDRESS 3854 No. Lake Orlando Pky 2.4 CITY-ST-ZIP Orlando, FL 32808	☐ Change ☒ Addition
TITLE D NAME WALT GILMORE STREET ADDRESS 216 LIVE OAK LN CITY-ST-ZIP ALTAMONTE SPRGS FL 32714	☐ DELETE	3.1 TITLE D 3.2 NAME Ron Goodrow 3.3 STREET ADDRESS 843 Golf Valley 3.4 CITY-ST-ZIP Apopka, FL 32712	☐ Change ☒ Addition
TITLE DT NAME RICHMER, JANICE STREET ADDRESS 2100 LEE RD., SUITE A CITY-ST-ZIP WINTER PARK FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DP NAME LOSO, GINNY STREET ADDRESS 312 COUNTRY LANDING BLVD CITY-ST-ZIP APOPKA FL 32703	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME KIMMY ELLINWOOD STREET ADDRESS 663 JAMESTOWN BLVD #1080 CITY-ST-ZIP ALTAMONTE SPRGS FL 32714	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Marilina Viera RECEIVED Marilina Viera 1-6-99 (407) 889-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ginny Loso GINNY LOSO 3-19-99

CR2E037 (11/98)