

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003673

FILED
Feb 09, 2005
Secretary of State

Entity Name: GREATER READING OR WRITING SKILLS LITERACY COUNCIL, INC.

Current Principal Place of Business:

800 S HAWTHORNE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

800 S HAWTHORNE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3200028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEHLMAYER, CY
3435 BUTTON BUSH DRIVE
ZELLWOOD, FL 32798 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: TAYLOR, MONICA
Address: 3399 PLAYERS POINT LOOP
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: WHITLEY, DAVID
Address: 7706 ORANGE TREELANE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: CARRASQUEL, ALEJANDRO
Address: 1305 LAKE FRANCIS DR.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: O'BRIEN, DANIEL
Address: 2002 CRANBERRY ISLES WAY
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: WASSERMAN, LAURIE
Address: 1266 INDIAN BLUFF DR
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: TILL, KATHY
Address: P.O. BOX 1229
City-St-Zip: APOPKA, FL 32704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARILINA VIERA

D

02/09/2005

Electronic Signature of Signing Officer or Director

Date