

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003673

FILED
Mar 07, 2006
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: D () Delete
Name: TILL, KATHY
Address: P.O. BOX 1229
City-St-Zip: APOPKA, FL 32704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHTER, GEORGE
Address: 1911 LOST SPRING CT.
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change () Addition
Name: GUILARTE, NEIL
Address: 1960 PIEDMONT PARK BLVD.
City-St-Zip: APOPKA, FL 32703

Title: T (X) Change () Addition
Name: CARRASQUEL, ALEJANDRO
Address: 1305 LAKE FRANCIS DR.
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change () Addition
Name: RICHTER, MONICA
Address: 1911 LOST SPRING CT.
City-St-Zip: LONGWOOD,, FL 32779

Title: D (X) Change () Addition
Name: HARPER, WILLIE
Address: 5954 PARK HAMILTON BLVD. APT. 257
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change () Addition
Name: DUDLEY, KEITH
Address: P.O. BOX 770514
City-St-Zip: ORLANDO, FL 32877

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: MARILINA VIERA

DIR

03/07/2006

Electronic Signature of Signing Officer or Director

Date