## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003673

FILED Feb 25, 2008 Secretary of State

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

urrent P	Principal Place of Business:	New Principal Place of Business:
	WTHORNE FL 32703 US	
urrent N	Mailing Address:	New Mailing Address:
	WTHORNE FL 32703 US	
El Number	r: 59-3200028 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
lame and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
	YER, CY TON BUSH DRIVE OD, FL 32798 US	
	e named entity submits this statement fo te of Florida.	or the purpose of changing its registered office or registered agent, or both,
IGNATU	IRE:	
	Electronic Signature of Registere	ed Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
tle: ame: Idress: ty-St-Zip:	P () Delete RICHTER, GEORGE 1911 LOST SPRING CT. LONGWOOD, FL 32779	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
tle: ame:	VP ( ) Delete GUILARTE, NEIL 1960 PIEDMONT PARK BLVD.	Title: VP (X) Change ( ) Addition Name: LAJEUNESSE, MARC Address: 1869 MERLOT DR.
ddress: ity-St-Zip:	APOPKA, FL 32703	City-St-Zip: SANFORD, FL 32771
	APOPKA, FL 32703  D ( ) Delete BUSTAMANTE, IRENE 100 W. OSCEOLA RD. GENEVA, FL 32732	
ty-St-Zip: tle: ame: ldress:	D ( ) Delete BUSTAMANTE, IRENE 100 W. OSCEOLA RD.	City-St-Zip: SANFORD, FL 32771  Title: ( ) Change ( ) Addition  Name: Address:
ty-St-Zip: tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	D () Delete BUSTAMANTE, IRENE 100 W. OSCEOLA RD. GENEVA, FL 32732  S () Delete RICHTER, MONICA 1911 LOST SPRING CT.	City-St-Zip: SANFORD, FL 32771  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: TREA (X) Change ( ) Addition Name: PENDLETON, JODY Address: 100 COUNTRYSIDE DR.

I hereby certify that the information supplied with this filing does not qualify 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 D 02/25/2008