


FILE NOW: FILING FEE IS \$61.25

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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000441 (5)
1. Corporation Name

LITERACY COALITION OF BROWARD COUNTY, INC.



Principal Place of Business 200 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301	Mailing Address 200 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 01/27/1994
4. FEI Number 65-0461453
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GROSS, BONNIE SUN-SENTINEL 200 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DOLYMPIO, LINDA
STREET ADDRESS	110 SE 6TH ST PO BOX 22776
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JACKSON, ANTHENISIA
STREET ADDRESS	600 SE 3RD AVE, 11TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GROSS, BONNIE
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HANSEN, JANET
STREET ADDRESS	1409 SISTRUNK BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MCGINNIS, MARY L
STREET ADDRESS	600 SE 3RD AVE, 11TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STEPENOVITCH, LINDA
STREET ADDRESS	1E BROWARD BLVD
CITY-ST-ZIP	FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Bill Crampton
1.3 STREET ADDRESS	1160 N. Federal Hwy
1.4 CITY-ST-ZIP	Fort Lauderdale FL 33304
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Michelle Burger
6.3 STREET ADDRESS	200 E. Las Olas Blvd.
6.4 CITY-ST-ZIP	Fort Lauderdale FL 33301

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: Bonnie Gross 4/27/98 954 459 2283

CR2E037 (10/97)