

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

05-04-2006 90209 012 ****61.25

DOCUMENT # N94000002306					
1. Entity Name RED DOOR READING CENTER, INC.					
Principal Place of Business 2601 54TH AVENUE SOUTH ST PETERSBURG, FL 33712			Mailing Address 2601 54TH AVENUE SOUTH ST PETERSBURG, FL 33712		
2. Principal Place of Business 1600 54th Ave S.			3. Mailing Address 1600 54th Ave S.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State St Petersburg FL			City & State FL		
Zip 33712	Country USA	Zip 33712	Country USA	4. FEI Number 59-3237664	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BROWN, ROBERT L 6261 19TH STREET SOUTH ST PETERSBURG, FL 33712			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, LIONEL V		NAME		
STREET ADDRESS	2725 66TH TERRACE SOUTH		STREET ADDRESS		
CITY- ST- ZIP	ST PETERSBURG, FL 33712		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ROBERT L		NAME		
STREET ADDRESS	6261 19TH STREET S		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG, FL 33712		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, SOLOMON		NAME		
STREET ADDRESS	2601 59TH AVENUE S		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG, FL 33712		CITY- ST- ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZACHEM, DAVID		NAME		
STREET ADDRESS	5127 CAESAR WAY S		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG, FL 33712		CITY- ST- ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN, EDWIN		NAME		
STREET ADDRESS	2019 ANASTASIA WAY S		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG, FL 33712		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Carole A. Huff	
STREET ADDRESS			STREET ADDRESS	5130 Brittany Dr. S. #807	
CITY- ST- ZIP			CITY- ST- ZIP	St. Petersburg FL 33715	
			director		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carole A. Huff</u> Carole A. Huff 4/30/06 727864					
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR, OFFICER OR DIRECTOR					