

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90054 039 \*\*\*\*61.25

<b>DOCUMENT # N95000002353</b>					
<b>1. Entity Name</b> CLAY COUNTY LITERACY COALITION, INC.					
<b>Principal Place of Business</b> 2306 KINGSLEY AVE ORANGE PARK, FL 32073			<b>Mailing Address</b> 2306 KINGSLEY AVE ORANGE PARK, FL 32073		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02012005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 59-3306235				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHARP, GWEN 2306 KINGSLEY AVE ORANGE PARK, FL 32073			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <i>Gwen Sharp</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Gwen Sharp</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		2-15-05 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARNegie, AMY MRS. 2306 KINGSLEY AVE WING A ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANGORD, ROSITA MRS 2306 KINGSLEY AVE WING A ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Virginia HASH 2306 Kingsley Ave, wing A ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COWARD, DIANE 2306 KINGSLEY AVE WING A ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDSON, STEVEN MR 2306 KINGSLEY AVE WING A ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COWARD, DIANE 2306 Kingsley Ave, wing A ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 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.</b>					
SIGNATURE: <i>Diane J. Coward, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Diane J. Coward</i>		2-15-05 <small>Date</small>	
Daytime Phone #		Daytime Phone #			