

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 8/17/97: \$91.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003346 (1)

1. Corporation Name

JEAN SANDERSON READING & LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

10405 N NEBRASKA AVE  
TAMPA FL

10405 N NEBRASKA AVE  
TAMPA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

NA

2. Principal Place of Business

21 4028 1/2 N. Nebraska

2a. Mailing Address

26 4028 1/2 N. Nebraska Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

Country

24 33603

25 USA

Zip

Country

29 33603

30 USA

4. FEI Number

59-3398021

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERSON, G. JEAN  
10405 N NEBRASKA AVE  
TAMPA FL

81 Name

82 Street Address/P.O. Box Number is Not Acceptable  
4028 1/2 N. Nebraska Avenue

83

84 City

Tampa

FL

85 Zip Code  
33603

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 *G. Jean Sanderson*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

09-08-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
NAME SANDERSON, G. JEAN  
STREET ADDRESS 10405 N NEBRASKA AVE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P ☐ Change ☐ Addition

SANDERSON, G. JEAN

4028 1/2 N. Nebraska Avenue

Tampa, Florida 33603

TITLE ☐ DELETE

V  
NAME SANDERSON, ALPHONSO  
STREET ADDRESS 10405 N NEBRASKA AVE  
CITY-ST-ZIP TAMPA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V ☐ Change ☐ Addition

SANDERSON, ALPHONSO

4028 1/2 N. Nebraska Avenue

TITLE ☐ DELETE

ST  
NAME OSBORN, OSCAR  
STREET ADDRESS 10405 N NEBRASKA AVE  
CITY-ST-ZIP TAMPA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

400002305124--2

-09/26/97--01098--001

\*\*\*\*\*61.00 \*\*\*\*\*61.00

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

400002305124--2

-09/26/97--01098--002

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

\*\*\*\*\*0.25 \*\*\*\*\*0.25

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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

SIGNATURE REQUIRED

9-8-97

APPROVED  
AND  
FILED

97 SEP 22 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (4/97)