

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003346 (1)**

1. Corporation Name

**JEAN SANDERSON READING & LEARNING CENTER, INC.**



Principal Place of Business <b>4028 1/2 N. NEBRASKA TAMPA FL 33603</b>	Mailing Address <b>4028 1/2 N. NEBRASKA TAMPA FL 33603</b>
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3. Date Incorporated or Qualified  
**06/21/1996**

4. FEI Number  
**59-3398021**

Applied For

Not Applicable

2. Principal Place of Business <b>21 2403 N. 32ND Street</b>	2a. Mailing Address <b>26 same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>23 Tampa, Florida</b>	City & State <b>28</b>
Zip <b>24 33605</b>	Country <b>25 USA</b>
29	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

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  
4028 1/2 N. NEBRASKA AVE.  
TAMPA FL 33603**

81 Name <b>Sanderson, G. Jean</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>2403 N. 32ND Street</b>
85 Zip Code <b>FL 33605</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERSON, G. JEAN</b>	1.2 NAME	<b>2403 North 32ND Street</b>
STREET ADDRESS	<b>4028 1/2 N. NEBRASKA AVENUE</b>	1.3 STREET ADDRESS	<b>Tampa, Florida 33605</b>
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERSON, ALPHONSO</b>	2.2 NAME	<b>2403 North 32ND Street</b>
STREET ADDRESS	<b>4028 1/2 N. NEBRASKA AVENUE</b>	2.3 STREET ADDRESS	<b>Tampa, Florida 33605</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSBORN, OSCAR</b>	3.2 NAME	<b>6024 Cassaba Loop</b>
STREET ADDRESS	<b>10405 N NEBRASKA AVE</b>	3.3 STREET ADDRESS	<b>Valrico, Florida</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*M. Jean Sanderson*

4-22-98 (813)871-4676

CR2E037 (10/97)