

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001641

FILED
May 18, 2005
Secretary of State

Entity Name: WORLD LITERACY CRUSADE OF FLORIDA, INC.

Current Principal Place of Business:

6015 NW 7 AVE
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693956
MIAMI, FL 33269

New Mailing Address:

6015 NW 7TH AVENUE
MIAMI, FL 33127

FEI Number: 65-0737649 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, THEMA
7910 W. DRIVE #305
MIAMI, FL 33141 US

Name and Address of New Registered Agent:

CAMPBELL, THEMA
7910 W. DRIVE #305
N BAY VILLAGE, FL 33141 US

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.

SIGNATURE: THEMA CAMPBELL

05/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAMPBELL, THEMA
Address: 7910 W DRIVE #305
City-St-Zip: N BAY VILLAGE, FL 33141

Title: DV () Delete
Name: CARTER, LATRISHA
Address: 6015 NW 7 AVENUE
City-St-Zip: MIAMI, FL 33127

Title: DS () Delete
Name: CANNON, CLAUDETTE
Address: 16321 NW 18 COURT
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: JAMIESON, CARLOS
Address: 6015 NW 7 AVENUE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: KROPKE, CHARLES
Address: 1825 PONCE DE LEON BLVD, #369
City-St-Zip: CORAL GABLES, FL 33134

Title: DS (X) Change () Addition
Name: FABER, ROBIN
Address: 3300 NW 27 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D (X) Change () Addition
Name: JAMIESON, CARLOS
Address: 1800 SW 112 TERR.
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEMA CAMPELL

DP

05/18/2005

Electronic Signature of Signing Officer or Director

Date