FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90062 042 ****61.25

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DOCUMENT # N98000002181

1. Corporation Name
FLORIDA READING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 730787 ORMOND BEACH FL 32173-0787	PO BOX 730787 ORMOND BEACH FL 32173-0787

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 04/16/1998 4. FEI Number 23-701-5912 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HESTER, C. SCOTT ESQ
13843 LONGS LANDING ROAD EAST
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, PRISCILLA L		1.2 NAME		
STREET ADDRESS	8503 ANGLER'S PT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD (not VD)	☒ Change ☐ Addition
NAME	MAUTTE, LOIS		2.2 NAME	Mautte, Lois	
STREET ADDRESS	6790 32ND AVE NORTH		2.3 STREET ADDRESS	6790 32nd Ave., North	
CITY-ST-ZIP	ST PETERSBURG FL 33710		2.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JANZ, MARGARET		3.2 NAME		
STREET ADDRESS	1161 PEACHTREE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	FLORENCE, EVELYN		4.2 NAME	Rosenblatt, Andrea	
STREET ADDRESS	6121 WEEPING WILLOW WAY		4.3 STREET ADDRESS	9386 S.W. 77th St.	
CITY-ST-ZIP	TALLAHASSEE FL 32311		4.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUPRAN, ELLEN		5.2 NAME		
STREET ADDRESS	10810 SW 72ND ST NO. 164		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PATTON, SUE		6.2 NAME		
STREET ADDRESS	10013 LEISURE LANE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lois Mautte SIGNATURE REQUIRED Lois Mautte, President 1/16/99 (727)347-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #