

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000002181

1. Corporation Name

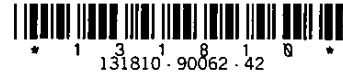
FLORIDA READING ASSOCIATION, INC.

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

Mailing Address
PO BOX 730787
ORMOND BEACH FL 32173-0787

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90062 042 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/16/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-701-5912

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GRIFFITH, PRISCILLA L**
STREET ADDRESS **8503 ANGLER'S PT DR**
CITY-ST-ZIP **TAMPA FL 33637**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MAUTTE, LOIS**
STREET ADDRESS **6790 32ND AVE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

2.1 TITLE **PD (not VD)** ☒ Change ☐ Addition
2.2 NAME **Mautte, Lois**
2.3 STREET ADDRESS **6790 32nd Ave., North**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **VD** ☐ DELETE
NAME **JANZ, MARGARET**
STREET ADDRESS **1161 PEACHTREE ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **FLORENCE, EVELYN**
STREET ADDRESS **6121 WEEPING WILLOW WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

4.1 TITLE **VD** ☐ Change ☒ Addition
4.2 NAME **Rosenblatt, Andrea**
4.3 STREET ADDRESS **9386 S.W. 77th St.**
4.4 CITY-ST-ZIP **Miami, FL 33173**

TITLE **D** ☐ DELETE
NAME **SUPRAN, ELLEN**
STREET ADDRESS **10810 SW 72ND ST NO. 164**
CITY-ST-ZIP **MIAMI FL 33173**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **PATTON, SUE**
STREET ADDRESS **10013 LEISURE LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Mautte, President 1/16/99 (727) 347-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)