

DOCUMENT # N98000002181

1. Entity Name

FLORIDA READING ASSOCIATION, INC.

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90041 004 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7015912

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

 FILE NOW:  
 FEE IS \$61.25

 9. Election Campaign Financing  
 Trust Fund Contribution. ☐

 \$5.00 May Be  
 Added to Fees

 Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

 TITLE VD ☐ Change ☒ Addition  
 NAME Matoush, Marylou  
 STREET ADDRESS 2014 SE, Harlow St.  
 CITY-ST-ZIP Port St. Lucie, FL 34952

 TITLE PD ☒ Delete  
 NAME MAUTTE, LOIS  
 STREET ADDRESS 6790 32ND AVE NORTH  
 CITY-ST-ZIP ST PETERSBURG FL 33710

 TITLE VD ☐ Change ☒ Addition  
 NAME Reese, Diane  
 STREET ADDRESS 4111 Central Ave.  
 CITY-ST-ZIP Tampa, FL 33603

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

 TITLE PD ☐ Change ☐ Addition  
 NAME (new title for  
 STREET ADDRESS Janz, M.)  
 CITY-ST-ZIP

 TITLE VP ☐ Delete  
 NAME ROSENBLATT, ADREA  
 STREET ADDRESS 9286 SW 77TH ST  
 CITY-ST-ZIP MIAMI FL 33172

 TITLE PD ☐ Change ☐ Addition  
 NAME Andrea  
 STREET ADDRESS 9386  
 CITY-ST-ZIP 33173 (new title for  
 corrections for  
 Rosenblatt, A.)

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

 TITLE PD ☐ Change ☐ Addition  
 NAME 7433 Chorale Rd.  
 STREET ADDRESS Boynton Beach, FL 33437  
 CITY-ST-ZIP (new address for  
 Supran, E.)

 TITLE TD ☒ Delete  
 NAME PATTON, SUE  
 STREET ADDRESS 10013 LEISURE LANE NORTH  
 CITY-ST-ZIP JACKSONVILLE FL 32256

 TITLE TD ☐ Change ☒ Addition  
 NAME Laszlo, Nancy  
 STREET ADDRESS 116 Cypress Landing  
 CITY-ST-ZIP Jacksonville, FL 32259

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Rosenblatt, President

1/5/01

800-201-0418, # 7318

Date

Daytime Phone #

CR2E037 (10/00)