

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90054 050 ****61.25

DOCUMENT # N98000002181

1. Entity Name

FLORIDA READING ASSOCIATION, INC.



Principal Place of Business

2410 WILLAMOTTE RD
TALLAHASSEE FL 32303

Mailing Address

2410 WILLAMOTTE RD
TALLAHASSEE FL 32303

2. Principal Place of Business

2410 Willamette Road

3. Mailing Address

2410 Willamette Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V
NAME CARLISLE, ROMA ☐ Delete
STREET ADDRESS 18630 SW 97TH AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE VD
NAME REESE, DIANE ☐ Delete
STREET ADDRESS 4111 CENTRAL AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE RS
NAME HOGAN, SHARON ☐ Delete
STREET ADDRESS 2901 W BURKE STREET
CITY-ST-ZIP TAMPA FL 33614

TITLE PPE
NAME ADAMS, JANET ☐ Delete
STREET ADDRESS 792 N HALIFAX DR
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE IRAC
NAME GIBSON, SHIRLEY ☐ Delete
STREET ADDRESS 1037 PADDINGTON TERR
CITY-ST-ZIP LAKE MARY FL 32746

TITLE TD
NAME WARNER, SYLVIA ☐ Delete
STREET ADDRESS 2410 WILLAMOTTE RD
CITY-ST-ZIP TALLAHASSEE FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President-Elect - Director ☒ Change ☐ Addition
NAME 18630 SW 97th Ave.
STREET ADDRESS Miami, FL 33157
CITY-ST-ZIP

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

TITLE Recording Secretary ☒ Change ☐ Addition
NAME Sharon Hogan
STREET ADDRESS 2901 W Burke Street
CITY-ST-ZIP Director

TITLE President-Director ☒ Change ☐ Addition
NAME Janey Adams
STREET ADDRESS 792 N. Halifax Dr.
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE IRA State Coordinator ☒ Change ☐ Addition
NAME Shirley Gibson
STREET ADDRESS 1037 Paddington Terrace
CITY-ST-ZIP Lake Mary, FL 32746 Director

TITLE Treasurer-Director ☒ Change ☐ Addition
NAME Sylvia Warner
STREET ADDRESS 2410 Willamette Rd.
CITY-ST-ZIP Tallahassee, FL 32303

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #