2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2005 8:00 am Secretary of State

DOCUMENT # N9800002181 1. Entity Name FLORIDA READING ASSOCIATION, INC.				08-31-2005 90013 038 ****61.25				
Principal Place 3410 WILLAN TALLAHASSE		Mailing Address 3410 WILLAMETTE RD. TALLAHASSEE, FL 32303	,		·		%±€19	
2. Principal Pl	lace of Business USPA AVI · S	3. Mailing Address	y. S					
Suite, Apt.		Suite, Apt. #, etc.	, –	08082005 Chg-NP	CR2E037 (1	10/03)		
Sf. Po	tersburg, FL 331	112 St. Oetensh	wa.FL	4. FEI Number 23-7015912			olied For Applicable	
33712-	5525 Pinellas	33712	rellas	5. Certificate of Status Desired		75 Addit		
	6. Name and Address of Current	Registered Agent		7. Name and Address of Nev	Registered Ager	nt]
LEOTER	0 000FF F00		-Name					
HESTER, C. SCOTT ESQ 13843 LONGS LANDING ROAD EAST JACKSONVILLE, FL 32225			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
1			City		FL	Zip Code		!
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent		istered office or regist	_	Florida. I am fami	liar with, a	ind accept	
						\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
Di	-	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees F				1 13
10.	-	Trust Fund Cont		\$5.00 May Be Added to Fees F	lorida Departme	int of Sta	ate	1.3 18 g
	ue by September 7, 2005	Trust Fund Cont	ribution.	Added to Fees F	lorida Departme CERS AND DIREC	int of Sta	ate	
10.	OFFICERS AND DI PED CARLISLE, ROMA	Trust Fund Cont	TIDUTION. TITLE NAME	Added to Fees F	lorida Departme CERS AND DIREC	TORS IN	ية المحادث الم المحادث المحادث المحاد	
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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:

TALLAHASSEE, FL 32303

TOTAL CASHISLE
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8/20/05

Daytime Phone #