

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-31-2005 90013 038 \*\*\*\*61.25

**DOCUMENT # N98000002181**

1. Entity Name  
**FLORIDA READING ASSOCIATION, INC.**



Principal Place of Business  
**3410 WILLAMETTE RD.  
TALLAHASSEE, FL 32303**

Mailing Address  
**3410 WILLAMETTE RD.  
TALLAHASSEE, FL 32303**

2. Principal Place of Business  
**2900 68th Ave. S**

3. Mailing Address  
**2900 68th Ave. S**

Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL 33712**

City & State  
**St. Petersburg, FL**

Zip  
**33712-5525**

Country  
**Pinellas**

Zip  
**33712**

Country  
**Pinellas**



08082005 Chg-NP CR2E037 (10/03)

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
	PED			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CARLISLE, ROMA	18630 SW 97TH AVE	MIAMI, FL 33157	
	PPD			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	REESE, DIANE	4111 CENTRAL AVE.	TAMPA, FL 33603	
	RSD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	HOGAN, SHARON	2901 W BURKE STREET	TAMPA, FL 33614	
	PD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ADAMS, JANET	792 N HALIFAX DR	ORMOND BEACH, FL 32176	
	D			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GIBSON, SHIRLEY	1037 PADDINGTON TERR	LAKE MARY, FL 32746	
	TD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	WARNER, SYLVIA	2410 WILLAMETTE RD.	TALLAHASSEE, FL 32303	
	President Elect			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Mary Ann Clark	4151 Hidden Pines Dr. N	Jacksonville, FL 32257	
	Secretary			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Kela-Anne Carroll	930 Monticello Blvd.	St. Petersburg, FL 33703	
	Director			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Debra Wellman	4001 Hawks Lane	Orlando, FL 32814	
	Treasurer			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Adrien Helm	2900 68th Ave. S	St. Petersburg, FL 33712	

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: Roma J. Carlisle Date: 8/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR