2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90439 027 ****61.25

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1. Entity Name
FLORIDA READING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712-5525 US	2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712-5525 US

04262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CARLISLE, ROMA 18630 SW 97TH AVE MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLISLE ROMA 18630 SW 97TH AVE MIAMI, FL 33157	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE CLARK, MARY ANN 4151 HIDDEN BRANCH DRIVE NORTH JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD All other information is correct	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARROLL, LELA-ANNE 930 MONTICELLO BOULEVARD SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLMAN, DEBRA 4021 HAWS LANE ORLANDO, FL 32814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE All other information is correct	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, SHIRLEY 1037 PADDINGTON TERR LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HELM, ADRIEN 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Adrien H. Helm, Treasurer Adrien Helm 4/26/07 727-867-5947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #