

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90358 020 ****61.25

DOCUMENT # N9800002181			
1. Entity Name FLORIDA READING ASSOCIATION, INC.		Principal Place of Business 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712-5525 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712-5525 US Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 23-7015912		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: Adrien W. Helm, Esq. Street Address (P.O. Box Number is Not Acceptable): 2900 68th Ave. South City: St. Petersburg FL Zip Code: 33712	
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: <i>Adrien W. Helm</i> DATE: 4/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: D NAME: CARLISLE, ROMA STREET ADDRESS: 18630 SW 97TH AVE CITY-ST-ZIP: MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE: President NAME: Pamela LaRiviere STREET ADDRESS: 5048 Bristo St. CITY-ST-ZIP: Kenilworth Acres, FL 33971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: PD NAME: CLARK, MARY ANN STREET ADDRESS: 4151 HIDDEN BRANCH DRIVE NORTH CITY-ST-ZIP: JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CARROLL, LELA-ANNE STREET ADDRESS: 930 MONTICELLO BOULEVARD CITY-ST-ZIP: SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete	TITLE: Past President NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: PE NAME: WELLMAN, DEBRA STREET ADDRESS: 4021 HAWS LANE CITY-ST-ZIP: ORLANDO, FL 32814 <input type="checkbox"/> Delete	TITLE: President Elect NAME: Sherida Weaver STREET ADDRESS: 11706 Mango Groves Blvd. CITY-ST-ZIP: Seffner, FL 33584 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GIBSON, SHIRLEY STREET ADDRESS: 1037 PADDINGTON TERR CITY-ST-ZIP: LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: T NAME: HELM, ADRIEN STREET ADDRESS: 2900 68TH AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete	

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 W. Helm* DATE: 4/24/08