
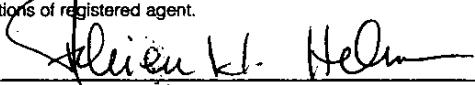


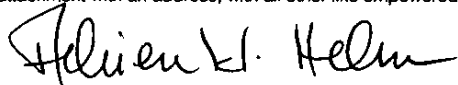
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N98000002181 1. Entity Name FLORIDA READING ASSOCIATION, INC.					
Principal Place of Business 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712-5525 US			Mailing Address 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712-5525 US		
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 <input type="checkbox"/> 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  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 NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, ROMA 18630 SW 97TH AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pamela LaRiviere 5048 Bristo St. Kenner Acres, FL 33971	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, MARY ANN 4151 HIDDEN BRANCH DRIVE NORTH JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARROLL, LELA-ANNE 930 MONTICELLO BOULEVARD SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WELLMAN, DEBRA 4021 HAWS LANE ORLANDO, FL 32814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, SHIRLEY 1037 PADDINGTON TERR LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Sherida Weaver 11706 Mango Groves Blvd. Seffner, FL 33584	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELM, ADRIEN 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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  DATE **4/24/08**