2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002181

FILED Apr 08, 2009 Secretary of State

Entity Name: FLORIDA READING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 337125525 US **Current Mailing Address: New Mailing Address:** 2900 68TH AVENUE SOUTH SAINT PETERSBURG, FL 337125525 US FEI Number: 23-7015912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HELM, ADRIEN W ESQ 2900 68TH AVE. SOUTH SAINT PETERSBURG, FL 33712 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LARIVIERE, PAMELA Name: Name: 5048 BRISTO ST. Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: CLARK, MARY ANN Name: Address: 4151 HIDDEN BRANCH DRIVE NORTH Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition CARROLL, LELA-ANNE Name: Name: 930 MONTICELLO BOULEVARD Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WELLMAN, DEBRA Name: 4021 HAWS LANE Address: Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: () Delete Title: () Change () Addition WEAVER, SHERIDA Name: Name: 11706 KANGO GROVES BLVD. Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: () Delete Title: () Change () Addition HELM ADRIEN Name: Name: Address: 2900 68TH AVENUE SOUTH Address: SAINT PETERSBURG, FL 33712 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIEN W. HELM TREA 04/08/2009