


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90114 002 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000003840**

1. Corporation Name  
**WINTER HAVEN/AUBURNDALE ADULT LITERACY COUNCIL, INC.**

\* 5 6 0 3 9 2 \*  
 560392 - 90066 - 9

Principal Place of Business  
 111 AVE. R - NE  
 WINTER HAVEN FL 33881

Mailing Address  
 111 AVE. R - NE  
 WINTER HAVEN FL 33881



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/29/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3553749
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  HULL, CAROL A 111 AVE. R - NE WINTER HAVEN FL 33881	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL HULL	1.2 NAME	CAROL HULL
STREET ADDRESS	64 SOUTHAMPTON BLVD	1.3 STREET ADDRESS	64 SOUTHAMPTON BLVD
CITY-ST-ZIP	AUBURNDALE FL 33823	1.4 CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA DUKE	2.2 NAME	MODESTA BROWN
STREET ADDRESS	133 SEVILLA ST.	2.3 STREET ADDRESS	840 Cinnamon Dr.
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMI BRIGNALL	3.2 NAME	LINDA DUKE
STREET ADDRESS	325-16th ST SE	3.3 STREET ADDRESS	133 Sevilla St.
CITY-ST-ZIP	WINTER HAVEN FL 33881	3.4 CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Tomi Brignall
STREET ADDRESS		4.3 STREET ADDRESS	325-16th St SE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol A. Hull **SIGNATURE REQUIRED** A. HULL 6/27/99 94-667-1351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carol A. Hull 6/24/99

CR2E037 (1/98)