

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90668 022 ****61.25

0045105

DOCUMENT # N98000003840

1. Entity Name

WINTER HAVEN/AUBURNDALE ADULT LITERACY COUNCIL, INC.

Principal Place of Business

Mailing Address

111 AVE. R - NE
 WINTER HAVEN FL 33881

111 AVE. R - NE
 WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3553749

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HULL, CAROL A
111 AVE. R - NE
WINTER HAVEN FL 33881

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ODONNELL, KAREN**
 STREET ADDRESS **7 PINE LANE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

Change Addition

TITLE **VD** Delete
 NAME **DUKE, LINDAA**
 STREET ADDRESS **133 SEVILLA ST**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **VD Vacant** Change Addition

TITLE **SD** Delete
 NAME **MOFFAT, NANCY**
 STREET ADDRESS **6300 W. LAKE WILSON DRIVE**
 CITY-ST-ZIP **DAVENPORT FL 33837**

Change Addition

TITLE **TD** Delete
 NAME **NIST, BEVERLY**
 STREET ADDRESS **71 HEWLETT DRIVE**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

Change Addition

TITLE **D** Delete
 NAME **HULL, CAROL A**
 STREET ADDRESS **149 E. HAMPTON DRIVE**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **PD** Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. 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 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: *Carol A. Hull* **CAROL A. HULL** 3/20/02 863-667-2038
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)