

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 15 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003840

1. Entity Name  
WINTER HAVEN/AUBURNDAL ADULT LITERACY  
COUNCIL, INC.



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  
310 ORANGE ST.  
Suite, Apt. #, etc.

3. Mailing Address  
310 ORANGE ST  
Suite, Apt. #, etc.

City & State  
AUBURNDAL, FL  
Zip  
33823  
Country  
POLK

City & State  
AUBURNDAL FL  
Zip  
33823  
Country  
POLK

11092005 REIN-NP CR2E099 (6/04)

4. FEI Number  
59-3553749

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
ROBERT L. BAUER  
Street Address (P.O. Box Number is Not Acceptable)  
310 ORANGE ST  
City  
AUBURNDAL FL  
Zip Code  
33823

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 ROBERT L. BAUER Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/9/05

FILE NOW!!! FEE IS \$61.25  
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HULL, CAROL A  
149 E. HAMPTON DRIVE  
AUBURNDAL, FL 33823 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KELSEY, SHARRON  
300 E BRIDGERS AVE  
AUBURNDAL, FL 33823 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BAUER, BOB  
310 ORANGE ST  
AUBURNDAL, FL 33823 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIE  
SYLVIA MILAM  
300 E. BRIDGERS AVE  
AUBURNDAL, FL 33823 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
INETTA BENNETT  
300 E. BRIDGERS AVE  
AUBURNDAL, FL 33823 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EY  
700061439897  
11/15/05--01046--018 \*\*70.00 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIE  
LYNDA WOLVERTON  
LAS CRESCENT WILDS DR.  
LABELAND, FL 33813 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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: ROBERT L. BAUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/05

863-967-1757

Date

Daytime Phone #