


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/AUBURNDALE ADULT LITERACY COUNCIL, INC.	
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Principal Place of Business 111 AVE. R - NE WINTER HAVEN, FL 33881	Mailing Address 111 AVE. R - NE WINTER HAVEN, FL 33881
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2. Principal Place of Business 310 ORANGE ST. Suite, Apt. #, etc.	3. Mailing Address 310 ORANGE ST Suite, Apt. #, etc.
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City & State AUBURNDALE, FL Zip 33823	Country FLORIDA	City & State AUBURNDALE FL Zip 33823	Country FLORIDA
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11092005 REIN-NP CR2E099 (6/04)

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 AUBURNDALE FL Zip Code 33823
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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]* 11/9/05
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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIST, BEVERLY 71 HEWLETT DRIVE AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIE SYLVIA MILAM 300 E. BRIDGERS AVE AUBURNDALE, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HULL, CAROL A 149 E. HAMPTON DRIVE AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INETTA BENNETT 300 E. BRIDGERS AVE AUBURNDALE, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELSEY, SHARRON 300 E BRIDGERS AVE AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYLVIA MILAM 700061439897 11/15/05--01046--018 **70.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUER, BOB 310 ORANGE ST AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIE LYNDIA WOLVERTON LAS CRESCENT WILDS DR. LABELAND, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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: [Signature] ROBERT L BAUER 11/9/05 863-967-1757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #