


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003840

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



Principal Place of Business Mailing Address

310 ORANGE ST 310 ORANGE ST
 AUBURNDALE, FL 33823 AUBURNDALE, FL 33823

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 59-3553749 Not Applicable

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

6. Name and Address of Current Registered Agent

BAUER, ROBERT L
 310 ORANGE ST
 AUBURNDALE, FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIST, BEVERLY 71 HEWLETT DRIVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, INETTA 300 E BRIDGERS AVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILAN, SYLVIA 300 E BRIDGERS AVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUER, BOB 310 ORANGE ST AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLVERTON, LYNDA 645 CRESCENT HILLS DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01112006-00003840
 01/20/06-80059-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **1/11/06** **863-967-1757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #