2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003840

FILED Apr 08, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 310 ORANGE ST 310 ORANGE ST AUBUNRDALE, FL 33823 AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 310 ORANGE ST 310 ORANGE ST AUBUNRDALE, FL 33823 AUBURNDALE, FL 33823 FEI Number: 59-3553749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAUER, ROBERT L BAUER, ROBERT L 310 ORÂNGE ST 310 ORANGE ST AUBUNRDALE, FL 33823 US AUBURNDALE, FL 33823 US 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: 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RINGLEY, HILDA RINGLEY, HILDA Name: Name: 300 E. BRIDGES AVENUE Address: 300 E. BRIDGES AVENUE Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 Title: PD Title: (X) Change () Addition () Delete BAUER, BOB Name: BAUER, ROBERT L Name: Address: 310 ORANGE ST Address: 310 ORANGE ST AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: (X) Change () Addition WOLVERTON, LYNDA Name: BABLI, LINDA Name: 645 CRESCENT HILLS DR 325 AVE. A NW Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: WINTER HAVEN, FL 33881 Title: () Delete Title: () Change (X) Addition Name: Name: MORALES, WANDA 300 E BRIDGERS AVE Address: Address: City-St-Zip: City-St-Zip: AUBURNDALE, FL 33823 Title: () Delete Title: () Change (X) Addition GREEN, PENNY Name: Name: 225 MEADOW VUE LANE Address: Address: City-St-Zip: City-St-Zip: AUBURNDALE, FL 33823 Title: () Delete Title: () Change (X) Addition QUINLAN, BILL Name: Name: Address: Address: 2498 ST. AUGUSTINE BLVD City-St-Zip: HAINES CITY, FL 33844 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L BAUER RA 04/08/2009