

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90139 043 ****70.00

DOCUMENT # N99000004014

1. Entity Name
"THE CHILDREN'S READING CENTER, INC."



Principal Place of Business
400 OLIVE STREET
PALATKA, FL 32177

Mailing Address
400 OLIVE STREET
PALATKA, FL 32177



03242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3600088

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, WILLIAM L JR.
~~200 REID STREET~~
~~CAPITAL CITY BANK BUILDING~~
PALATKA, FL 32177

2008 High Terrace

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee's \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JUMP, ERIC 800 ZEAGLER DR. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PACE, DEMARTHA 113 NANCY PLACE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FENDER, BARBARA P.O. BOX 1084 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRIFFITH, JAMES 107 CARRIAGE WOODS PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MULLEN, JOSE, SR. 108 KELLY STREET EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KEITH, BRIAN 104 EDMOOR TRAIL PALATKA, FL 32177

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2008

Date

Daytime Phone #

386-328-9990