


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90269 032 ****61.25

DOCUMENT # N99000006980 1. Entity Name THE BLACK STALLION LITERACY PROJECT, INC.					
Principal Place of Business 6225 WEST BRONSON HIGHWAY KISSIMMEE, FL 34747				Mailing Address 6225 WEST BRONSON HIGHWAY KISSIMMEE, FL 34747	
2. Principal Place of Business <i>3081 Arabian Nights Blvd.</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Kissimmee, FL</i>		City & State 			
Zip <i>34747</i>	Country 	Zip 	Country 	4. FEI Number 59-3654968	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLER, MARK M 6225 WEST BRONSON HIGHWAY KISSIMMEE, FL 34747				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB MILLER, MARK M 6225 WEST BRONSON HIGHWAY KISSIMMEE, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3081 Arabian Nights Blvd. Kissimmee, FL 34747</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLEY, TIMOTHY 6225 WEST BRONSON HIGHWAY KISSIMMEE, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3081 Arabian Nights Blvd. Kissimmee, FL 34747</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST CLARK, DEIDRE 6225 WEST BRONSON HIGHWAY KISSIMMEE, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>miller, Deidre 3081 Arabian Nights Blvd. Kissimmee, FL 34747</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSELL, JULIANNE 2825 FOREST HILLS DR FLAGSTAFF, AZ 86001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, LOUISE 3148 KYLE LOOP FLAGSTAFF, AZ 86004		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 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: <i>Sherry Brunklett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/11/06</i> Daytime Phone # <i>407/2399223</i>		