


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90061 047 \*\*\*\*61.25

<b>DOCUMENT # N99000006980</b> 1. Entity Name <b>THE BLACK STALLION LITERACY PROJECT, INC.</b>					
Principal Place of Business <b>3081 ARABIAN NIGHTS BLVD. KISSIMMEE, FL 34747</b>				Mailing Address <i>3081 Arabian Nights Blvd.</i> <del>6225 WEST BRONSON HIGHWAY</del> <b>KISSIMMEE, FL 34747</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3654968</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MILLER, MARK M 3081 ARABIAN NIGHTS BLVD. KISSIMMEE, FL 34747</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 <i>Mark Miller</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4/7/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MILLER, MARK M</b> <b>3081 ARABIAN NIGHTS BLVD.</b> <b>KISSIMMEE, FL 34747</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Anna Marie Chawastiak</i> <i>413 Pulaski Highway</i> <i>Joppa, MD 21085</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>FARLEY, TIMOTHY</b> <b>3081 ARABIAN NIGHTS BLVD</b> <b>KISSIMMEE, FL 34747</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bill Jacobs</b> <b>3511 North Soldier Trail</b> <b>TULSON, AZ 85749</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MILLER, DEIDRE</b> <b>3081 ARABIAN NIGHTS BLVD.</b> <b>KISSIMMEE, FL 34747</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARTSELL, JULIANNE</b> <b>2825 FOREST HILLS DR</b> <b>FLAGSTAFF, AZ 86001</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, LOUISE</b> <b>3148 KYLE LOOP</b> <b>FLAGSTAFF, AZ 86004</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUBIN, BURT</b> <b>980 FIFTH AVENUE</b> <b>NEW YORK, NY 10021</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Mark Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>4/7/08</i> DAYTIME PHONE # <i>407-239-9223</i>		