

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007325

Entity Name: THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY, INC.**FILED**
Jan 26, 2015
Secretary of State
CC4451897850**Current Principal Place of Business:**516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301**FEI Number: 26-0587238****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCFADDEN, LIZA
516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	BOARD CHAIR
Name	GAGE, TIM ESQ.
Address	600 GALLERIA PKWY 1100
City-State-Zip:	ATLANTA GA 30339

Title	BOARD VICE CHAIR
Name	KAPLAN, MARK MR.
Address	3033 CAMPUS DRIVE E490
City-State-Zip:	PLYMOUTH MN 55441

Title	DIRECTOR
Name	BERE', DAVID MR
Address	1901 S. MYERS 240
City-State-Zip:	OAKBROOK TERRACE IL 60181

Title	D
Name	MCFADDEN, LIZA MS.
Address	516 NORTH ADAMS STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	BECKER, JEAN
Address	10000 MEMORIAL DRIVE 900
City-State-Zip:	HOSTON TX 77024

I hereby 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 all other like empowered.

SIGNATURE: LIZA MCFADDEN**PRESIDENT****01/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date