

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36416

Entity Name: LEARN TO READ OF ST. JOHNS COUNTY, INC.**Current Principal Place of Business:**70 SOUTH DIXIE HWY
ST. AUGUSTINE, FL 32084**Current Mailing Address:**70 SOUTH DIXIE HIGHWAY
SAINT AUGUSTINE, FL 32084 US**FEI Number: 59-2994710****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CINNEY, JOSEPH P
70 SOUTH DIXIE HWY
ST. AUGUSTINE, FL 32084 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: JOSEPH P. CINNEY****01/31/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	MULL, VALERIE
Address	70 SOUTH DIXIE HWY
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	SECRETARY
Name	CINNEY, JOSEPH P
Address	70 SOUTH DIXIE HIGHWAY
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	PRESIDENT
Name	REAGAN, ELAINE
Address	70 SOUTH DIXIE HWY
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	OFFICER
Name	BREIDENSTEIN, ANN H
Address	14 PERKINS LANE
City-State-Zip:	PALM COAST FL 32164

Title	CEO
Name	CINNEY, JOSEPH P
Address	70 SOUTH DIXIE HIGHWAY
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	OFFICER
Name	JORDAN, EDWARD DR.
Address	70 S DIXIE HWY
City-State-Zip:	SAINT AUGUSTINE FL 32084-0319

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: JOSEPH P CINNEY**CEO****01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date