

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000128

**Entity Name:** COMMISSION ON ADULT BASIC EDUCATION, INC.**Current Principal Place of Business:**406 GRAY ROAD  
WINDHAM, ME 04062**Current Mailing Address:**P.O. BOX 620  
SYRACUSE, NY 13206**FEI Number: 59-3164580****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ADULT LITERACY LEAGUE INC.  
345 W. MICHIGAN STREET  
SUITE 100  
ORLANDO, FL 32806 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	VP
Name	PHILLIPS, DEBORAH
Address	745 NORTH OGDEN DRIVE
City-State-Zip:	LOS ANGELES CA 90046

Title	PRESIDENT
Name	NASH, THOMAS
Address	406 GRAY RD
City-State-Zip:	WINDHAM ME 04062

Title	TREASURER
Name	SMITH, POLLY
Address	P.O. BOX 4272
City-State-Zip:	PALMER AK 99645

Title	SECRETARY
Name	FINN, DONALD
Address	P.O. BOX 620
City-State-Zip:	SYRACUSE NY 13206

Title	PAST PRESIDENT
Name	TYSKIEWICZ, ANDY
Address	P.O. BOX 620
City-State-Zip:	SYRACUSE NY 13206

Title	EXECUTIVE DIRECTOR
Name	BONNEY, SHARON
Address	PO BOX 620
City-State-Zip:	SYRACUSE NY 13206

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: POLLY SMITH****TREASURER****01/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date