

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734110

FILED
Mar 16, 2009
Secretary of State

Entity Name: LITERACY SERVICES OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1600 21ST STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1600 21ST STREET
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-1987210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, MARY D
1600 21ST STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BANITT, JOHN
Address: 3001 OCEAN DR.
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: BARBARA, LEVERE
Address: 612 HATTERAS COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: VD () Delete
Name: BOND, BOB
Address: 1903 5TH CT.
City-St-Zip: VERO BEACH, FL 32962

Title: TD () Delete
Name: MCCAIN, MATTHEW
Address: 1826 14TH AVE.
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: AVRIL, JUDY
Address: 680 32ND AVE.
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: TURNER, GAIL
Address: 6610 MARTINIQUE WAY
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BANITT, JOHN
Address: 3001 OCEAN DR.
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Change () Addition
Name: MANN, DON
Address: 300 N. BLUE WAVE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: PD (X) Change () Addition
Name: BOND, BOB
Address: 1903 5TH CT.
City-St-Zip: VERO BEACH, FL 32962

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RYMER, LISA
Address: 385 38TH SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOB BOND

_____ Electronic Signature of Signing Officer or Director

PD

03/16/2009

_____ Date