

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752617**

1. Entity Name  
**THE LITERACY COUNCIL OF MANATEE COUNTY, INC.**



Principal Place of Business  
**1701 14TH STREET WEST, SUITE 3  
BRADENTON, FL 34205**

Mailing Address  
**1701 14TH STREET WEST, SUITE 3  
BRADENTON, FL 34205**



01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2116479**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WEINER, LINDA  
1838 OLEANDER STREET  
SARASOTA, FL 34239**

**DO NOT WRITE  
IN THIS SPACE**

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 *Linda A. Weiner*

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/22/04*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PIERCE, JAMES MR.  
STREET ADDRESS 5123 55TH STREET CIR. W  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE VSD  
NAME WOMACK-VILLALOBOS, CHRISTI  
STREET ADDRESS 4925 72ND COURT EAST  
CITY-ST-ZIP BRADENTON, FL 34203

TITLE D  
NAME BRAUN, LEONA B MRS.  
STREET ADDRESS 1224 MILLBROOK CIRCLE  
CITY-ST-ZIP BRADENTON, FL 34202

TITLE D  
NAME KASSNER, OSCAR  
STREET ADDRESS 4112 53RD AVE WEST APT 309  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10 JAN 04 941-746-8197*