

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01024 (1)

1. Corporation Name
LITERACY VOLUNTEERS OF NAPLES, INC.



Principal Place of Business
**52 12TH STREET
NAPLES FL 33940
US**

Mailing Address
**P. O. BOX 592
NAPLES FL 33939
US**

3. Date Incorporated or Qualified
01/16/1984

3a. Date of Last Report
03/17/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-2358999

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BOND, SCHDENECK & KING
1167 THIRD ST., SOUTH, SUITE 107
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE*	SD	<input checked="" type="checkbox"/> DELETE
NAME	RANKIN, MARY	
STREET ADDRESS	315 WILDWOOD LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, JUDY	
STREET ADDRESS	504 TURTLE HATCH LANE	
CITY-ST-ZIP	NAPLES FL	
NAME	JAY, MARYLYN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	34 GLADES BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES. - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dennis Sprague	
13 STREET ADDRESS	1075 Central Avenue	
14 CITY-ST-ZIP	Naples, FL 33940	
21 TITLE	VICE PRES. - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Michael Laws	
23 STREET ADDRESS	1233-12th Avenue No.	
24 CITY-ST-ZIP	Naples, FL 33940	
31 TITLE	TREAS. - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Arthur Huenze	
33 STREET ADDRESS	4551 Gulf Shore Blvd., No.	
34 CITY-ST-ZIP	Naples, FL 33940	
41 TITLE	SECRETARY - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Rhona Sutter	
43 STREET ADDRESS	P.O. Box 9349 (N/A)	
44 CITY-ST-ZIP	Naples, FL 33941	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	000001847670	
53 STREET ADDRESS	-06/03/96--01031--029	
54 CITY-ST-ZIP	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ President **4/24/96** 941/262-4448

CR2E037 (12/95)

ce 5/11/96