

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34106-0592 US
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3. Date Incorporated or Qualified 01/16/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. 53-12th Street, No.	2a. Mailing Address 26. 53-12th Street, No.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Naples, FL	28. City & State
24. Zip 34102	29. Zip Collier
25. Country	30. Country

4. FEI Number 59-2358999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BOND, SCHOENECK & 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. City	
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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPRAGUE, DENNIS	
STREET ADDRESS	1075 CENTRAL AVE.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAWS, MICHAEL	
STREET ADDRESS	1233 12TH AVE. N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MUENZE, ARTHUR.	
STREET ADDRESS	4551 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUTTER, RHONA	
STREET ADDRESS	P.O. BOX 9349 (N A)	
CITY-ST-ZIP	NAPLES FL 33941	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 _____ DATE _____

CR2E037 (9/96)