

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90032 017 \*\*\*\*70.00

**DOCUMENT # N01024**

1. Entity Name  
**LITERACY VOLUNTEERS OF COLLIER COUNTY, INC.**



Principal Place of Business  
**53-12TH STREET, NO.  
NAPLES, FL 34102 US**

Mailing Address  
**P. O. BOX 592  
NAPLES, FL 34102 US**

**54061984**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

**34106**

Country

07082004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2358999**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOND, SCHOENECK & KING  
1167 THIRD ST., SOUTH, SUITE 107  
NAPLES, FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **WISHART, MARGARET**  
STREET ADDRESS **28821 REGIS COURT, S.W.**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☒ Addition  
NAME **JANA HAZELBAKER**  
STREET ADDRESS **9051 GULF SHORE DR. PH2**  
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete  
NAME **CARDINELL, NANCY**  
STREET ADDRESS **18042 ROYAL HAMMOCK BLVD**  
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **PETERSON, JUDITH**  
STREET ADDRESS **504 TURTLE HATCH LN**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ROBINSON, H DEAN**  
STREET ADDRESS **80 FOURTH AVE S**  
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Jana Hazel Baker, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-9-04 239404-3561**  
Date Daytime Phone #