

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-21-2006 90022 033 *****8.75
03-09-2006 90158 026 *****52.50

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 34106 US		
2. Principal Place of Business 281 Airport Rd South Suite, Apt. #, etc.		3. Mailing Address 281 Airport Rd. South Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 59-2358999	
Zip 34104		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOND, SCHOENECK & KING 1167 THIRD ST., SOUTH, SUITE 107 NAPLES FL 33940			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZELBAKER, JANA		NAME	Danny Tyler	
STREET ADDRESS	9051 GULF SHORE DR PH2		STREET ADDRESS	2758 Medalist Lane	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	Naples, FL 34109	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDINELL, NANCY		NAME	Denise Cotman-Thomas	
STREET ADDRESS	18042 ROYAL HAMMOCK BLVD.		STREET ADDRESS	2140 Aberdeen Lane, #202	
CITY-ST-ZIP	NAPLES FL 34114		CITY-ST-ZIP	Naples, FL 34109	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JUDITH		NAME		
STREET ADDRESS	504 TURTLE HATCH LN		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, H DEAN		NAME		
STREET ADDRESS	80 FOURTH AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Denise Cotman Thomas</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>2/10/06</i> Daytime Phone # <i>239.262.4448</i>	

ATTACHMENT



40027351

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

PAID MAR 6, 2006

LITERACY VOLUNTEERS OF COLLIER COUNTY, INC.
281 AIRPORT RD S
NAPLES, FL 34104 US

Subject: LITERACY VOLUNTEERS OF COLLIER COUNTY, INC.

Reference Number:

N01024

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$8.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$52.50.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION