

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

9:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05066** (8)
1. Corporation Name
LITERACY VOLUNTEERS OF AMERICA VENICE AREA, INC.

Principal Place of Business Mailing Address
300 S. NOKOMIS AVE. VENICE FL 34285

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 City & State 29 Country 30

3. Date Incorporated or Qualified **09/10/1984** 3a. Date of Last Report **07/26/1994**
4. FEI Number **65-0174475** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYRNES, ELEANOR
300 S. NOKOMIS AVE.
VENICE FL 34285

81 Name **May, Victoria S.**
82 Street Address (P.O. Box Number is Not Acceptable) **300 S. Nokomis Ave.**
83 **Venice, FL 34285**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE Victoria S. May Victoria S. May DATE 4-26-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	AINSCOW, GEORGE W.
STREET ADDRESS	1508 VERMEER DRIVE
CITY, ST, ZIP	NOKOMIS FL 34275
TITLE	VPD
NAME	LANGE, WANDA L.
STREET ADDRESS	536 PARK ESTATES SQUARE
CITY, ST, ZIP	VENICE FL 34293
TITLE	S/D
NAME	BRUCKMAN, LIZ
STREET ADDRESS	132 CASTLE STREET
CITY, ST, ZIP	VENICE FL 34285
TITLE	TD
NAME	PASQUARELLA, PAULA
STREET ADDRESS	220 SANTA MARIA STREET
CITY, ST, ZIP	VENICE FL 34285
TITLE	TR
NAME	BOMBICINO, MILDRED C.
STREET ADDRESS	640 CADIZ RD.
CITY, ST, ZIP	VENICE FL 34284
TITLE	SD
NAME	TRAMAN, ANNE M.
STREET ADDRESS	2065 SECOND ST.
CITY, ST, ZIP	ENGLEWOOD FL

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Brennan, Joan	
13 STREET ADDRESS	711 Bayshore Road	
14 CITY, ST, ZIP	Nokomis, FL 34275	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Bruckman, Liz	
23 STREET ADDRESS	132 Castile Street	
24 CITY, ST, ZIP	Venice, FL 34285	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Wanvig, Donna	
33 STREET ADDRESS	326 Banyan Drive	
34 CITY, ST, ZIP	Nokomis, FL 34275	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Huhn, Mary Ellen	
43 STREET ADDRESS	1044 Sorrento Wood Blvd.	
44 CITY, ST, ZIP	Nokomis, FL 34285	
51 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Gorgolione, Marie	
53 STREET ADDRESS	1472 Seafarer Drive	
54 CITY, ST, ZIP	Osprey, FL 34229	
61 TITLE	TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Ainscow, George	
63 STREET ADDRESS	1508 Vermeer Drive	
64 CITY, ST, ZIP	Nokomis, FL 34275	

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)(b), 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: George W. Ainscow 4/27/95 (813) 484-2483