

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



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

3. Date Incorporated or Qualified: **09/10/1984**
3a. Date of Last Report: **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**MAY, VICTORIA S
300 S. NOKOMIS AVE.
VENICE FL 34285**

10. Name and Address of New Registered Agent
81 Name: **Joan Brennan**
82 Street Address (P.O. Box Number is Not Acceptable): **711 Bayshore Rd.**
83
84 City: **Nokomis** FL 85 Zip Code: **34275**

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: *Joan Brennan* DATE: **4-9-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	AINSCOW, GEORGE W.	
STREET ADDRESS	1508 VERMEER DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRENNAN, JOAN	
STREET ADDRESS	711 BAYSHORE RDOAD	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRUCKMAN, LIZ	
STREET ADDRESS	132 CASTILE STREET	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WANVIG, DONNA	
STREET ADDRESS	326 BANYAN DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUHN, MARY E	
STREET ADDRESS	1044 SORRENTO WOOD BLVD.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GORGOLIONE, MARIE	
STREET ADDRESS	1472 SEAFARER DRIVE	
CITY-ST-ZIP	OSPREY FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	Barone, Helen
3.4 CITY-ST-ZIP	126 Southland Rd. Venice, FL 34293
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	Fontana, Rose M.
6.4 CITY-ST-ZIP	1433 Gleneagles Drive Venice, FL 34292

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: *Joan Brennan* **Joan Brennan April 9, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E037 (12/95)