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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

300 S. NOKOMIS AVE.
VENICE FL 34285

300 S. NOKOMIS AVE.
VENICE FL 34285-2418

3. Date Incorporated or Qualified
09/10/1984

3a. Date of Last Report
04/17/1996

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRENNAN, JOAN
711 BAYSHORE RD
NOKOMIS FL 34275

81 Name

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

83

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TR DELETE
NAME AINSCOW, GEORGE W.
STREET ADDRESS 1508 VERMEER DRIVE
CITY-ST-ZIP NOKOMIS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME BRENNAN, JOAN
STREET ADDRESS 711 BAYSHORE RDOAD
CITY-ST-ZIP NOKOMIS FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME BARONE, HELEN
STREET ADDRESS 128 SOUTHLAND RD
CITY-ST-ZIP VENICE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME WANVIG, DONNA
STREET ADDRESS 328 BANYAN DRIVE
CITY-ST-ZIP NOKOMIS FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD DELETE
NAME HUHN, MARY E
STREET ADDRESS 1044 SORRENTO WOOD BLVD.
CITY-ST-ZIP NOKOMIS FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD DELETE
NAME FONTANA, ROSE M.
STREET ADDRESS 1433 GLENEAGLES DR
CITY-ST-ZIP VENICE FL

6.1 TITLE Change 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)(i), 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.

Joan Brennan, President

SIGNATURE:

Joan Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97

Date

488-8994

Daytime Phone # 0064436

CF2E037 (9/96)