

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/10/1984	
4. FEI Number 65-0174475	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent
**BRENNAN, JOAN
711 BAYSHORE RD
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent
81. Name
Barone, Helen J.
82. Street Address (P.O. Box Number is Not Acceptable)
126 Southland Rd.
83.
84. City **Venice** FL 85. Zip Code **34293**

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 *Helen J. Barone* DATE **1/20/98**
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 checked="" 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 ROAD	
CITY-ST-ZIP NOKOMIS FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME BARONE, HELEN	
STREET ADDRESS 126 SOUTHLAND RD	
CITY-ST-ZIP VENICE FL	
TITLE SD	<input checked="" 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 TO	<input type="checkbox"/> DELETE
NAME FONTANA, ROSE M.	
STREET ADDRESS 1433 GLENEAGLES DR	
CITY-ST-ZIP VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Mitchell, Helen	
1.3 STREET ADDRESS 811 Waterside Dr. #102	
1.4 CITY-ST-ZIP Venice, FL 34292	
2.1 TITLE TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Brennan, Joan	
2.3 STREET ADDRESS 711 Bayshore Rd.	
2.4 CITY-ST-ZIP Nokomis, FL 34275	
3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Barone, Helen	
3.3 STREET ADDRESS 126 Southland Rd.	
3.4 CITY-ST-ZIP Venice, FL 34293	
4.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Scarbecz, Joan	
4.3 STREET ADDRESS 1751B Lake P1.	
4.4 CITY-ST-ZIP Venice, FL 34293	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Helen J. Barone* DATE: **1/20/98** (941) 497-3893

CR2E037 (10/97)