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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05066

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/10/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0174475	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRENNAN, JOAN 126 SOUTHLAND RD VENICE FL 34293				DECEASED			
				81 Name Marybeth Catizone			
				82 Street Address (P.O. Box Number is Not Acceptable) 1265 Waterside Dr			
				83			
				84 City Venice			
				85 Zip Code FL 34292			

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: Marybeth Catizone DATE: 5/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, HELEN	1.2 NAME	Marybeth Catizone
STREET ADDRESS	811 WATERSIDE DR 102	1.3 STREET ADDRESS	1265 Waterside Dr
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	Venice FL 34292
TITLE	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st V.P./D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, JOAN	2.2 NAME	Jerry Shearer
STREET ADDRESS	711 BAYSHORE ROAD	2.3 STREET ADDRESS	2092 Tocobaga Ln
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	Nokomis FL 34275
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE, HELEN	3.2 NAME	Henry Czerwinski
STREET ADDRESS	126 SOUTHLAND RD	3.3 STREET ADDRESS	2040 Timucua Tr
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Nokomis FL 34275
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBEZ, JOAN	4.2 NAME	Ruth Fuss
STREET ADDRESS	17518 LAKE PL	4.3 STREET ADDRESS	900 Tamiami Tr S #516
CITY-ST-ZIP	VENICE FL 34283	4.4 CITY-ST-ZIP	Venice FL 34285
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUHN, MARY E	5.2 NAME	Mary Ann Wolfzorn
STREET ADDRESS	1044 SORRENTO WOOD BLVD.	5.3 STREET ADDRESS	790 Cervina Dr N.
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP	Venice FL 34292
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	2nd VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANA, ROSE M.	6.2 NAME	Rose Fontana
STREET ADDRESS	1433 GLENEAGLES DR	6.3 STREET ADDRESS	1433 Gleneagles Dr
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	Venice FL 34292

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, with all other like empowered.

SIGNATURE: Marybeth Catizone DATE: 4/16/99 DAYTIME PHONE #: (414) 484-8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)