2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05066

FILED Apr 21, 2006 Secretary of State

Entity Name: LITERACY VOLUNTEERS OF AMERICA OF SOUTH SARASOTA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 300 S. NOKOMIS AVE. VENICE, FL 34285 **Current Mailing Address: New Mailing Address:** 300 S. NOKOMIS AVE. VENICE, FL 34285 FEI Number: 65-0174475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARYBETH, CATIZONE CATIZONE, MARYBETH 1265 WATERSIDE LANE 1265 WATERSIDE LANE VENICE, FL 34285 VENICE, FL 34285 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MARYBETH CATIZONE 04/21/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CATIZONE, MARYBETH Name: Name: 1265 WATERSIDE LANE Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: SD () Delete Title: () Change () Addition ANDERSON, ALICE Name: Name: Address: 1031 BECKLEY CR Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: VD. () Delete Title: () Change () Addition WILLIAMS, RUTH Name: Name: 581 CROCUS RD. Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition Name: ANDERSON, AL Name: MCINTYRE, SANDRA 1031 BECKLEY CR 37 KING ARTHUR DRIVE Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: NOKOMIS, FL 34275 Title: (X) Delete Title: () Change () Addition MILLER, ROSANNA Name: Name: 1620 LILAC LN Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: Title: (X) Delete Title: () Change () Addition DANA, PRATT Name: Name: Address: 1877 KILLDEER CT Address: VENICE, FL 34293 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYBETH CATIZONE PD 04/21/2006