

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05066

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

300 S. NOKOMIS AVE.
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

300 S. NOKOMIS AVE.
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0174475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CATIZONE, MARYBETH
1265 WATERSIDE LANE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

MCINTYRE, SANDRA
338 MARSH CREEK RD.
VENICE, FL 34292 US

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: SANDRA MCINTYRE

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CATIZONE, MARYBETH
Address: 1265 WATERSIDE LANE
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: ANDERSON, ALICE
Address: 1031 BECKLEY CR
City-St-Zip: VENICE, FL 34292

Title: VD () Delete
Name: WILLIAMS, RUTH
Address: 581 CROCUS RD.
City-St-Zip: VENICE, FL 34293

Title: TD () Delete
Name: MCINTYRE, SANDRA
Address: 338 MARSH CREEK RD.
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCINTYRE, SANDRA
Address: 338 MARSH CREEK RD.
City-St-Zip: VENICE, FL 34292

Title: VP (X) Change () Addition
Name: KNOWER, ROBERT
Address: 940 COOPER ST. #402
City-St-Zip: VENICE, FL 34285

Title: TREA (X) Change () Addition
Name: TOMS, RUTH
Address: 622 BIRD BAY DR. S. 105
City-St-Zip: VENICE, FL 34285

Title: SECY (X) Change () Addition
Name: CALVERT, OLIVE
Address: 601 GONDOLA PARK DR.
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA MCINTYRE

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date