

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011428

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** THE OPTIMUS LITERACY INSTITUTE OF AMERICA, INC.

**Current Principal Place of Business:**

10952 COPPER HILL DR.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

10952 COPPER HILL DR.  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

P.O. BOX 23334  
MANDARIN, FL 32241

**New Mailing Address:**

P.O. BOX 23334  
MANDARIN, FL 32241 US

**FEI Number:** 37-1576989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAUGHN-MALPRESS, KATHI M  
10952 COPPER HILL DR.  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: VAUGHN-MALPRESS, KATHI M  
Address: P.O. BOX 23334  
City-St-Zip: MANDARIN, FL 32241

Title: VD  
Name: DAVIS, MAXINE Y  
Address: 1730 MOSELEY ST.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: ARNOLD, JOSETTA  
Address: P. O. BOX 26629  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby 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 all other like empowered.

SIGNATURE: KATHI M. VAUGHN-MALPRESS

PCEO

04/22/2011

Electronic Signature of Signing Officer or Director

Date