

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29338** (3)

1. Corporation Name

LITERACY VOLUNTEERS OF LEON COUNTY, INC.



Principal Place of Business

Mailing Address

~~1~~ KRIS ODANOWSKI
200 WEST PARK AVE
TALLAHASSEE FL 32301-4720

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200 WEST PARK AVE
TALLAHASSEE FL 32301-4720

3. Date Incorporated or Qualified
11/17/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2937641

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCARBORO, LEE
1320 THOMASWOOD DR.
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCARBORO, LES	
STREET ADDRESS	1320 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHADEN, JO	
STREET ADDRESS	1302 LEEWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BAKKER, JOE	
STREET ADDRESS	2038 KARA DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, AKL	
STREET ADDRESS	4553 BOWFIN DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GARVIN, PAM	
STREET ADDRESS	3681 DWIGHT DAVIS DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, WANDA	
STREET ADDRESS	1406 LEHIGH DR.	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scarboro, Lee	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Raymaker, Sooni	
2.3 STREET ADDRESS	1422 Colonial Drive	
2.4 CITY-ST-ZIP	Tallahassee, FL 32303	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Owens, John	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Tallahassee, FL	
6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Whitehead, Wanda	
6.3 STREET ADDRESS	6989 Napa Court	
6.4 CITY-ST-ZIP	Tallahassee, FL 32311	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Les Scarboro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

(904) 396-1120

Daytime Phone #

CR2E037 (12/95)