

FILE NOW: FILING FEE IS \$61.25 *pd. ck. # 151*

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90078 005 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29338**  
 1. Corporation Name  
**LITERACY VOLUNTEERS OF LEON COUNTY, INC.**

Principal Place of Business C/O ELLEN LAURICELLA 200 WEST PARK AVE TALLAHASSEE FL 32301-4720 US	Mailing Address C/O ELLEN LAURICELLA 200 WEST PARK AVE TALLAHASSEE FL 32301-4720 US
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>11/17/1988</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2937641</b>
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>TENBUS, KRISTY</b> <b>1292 TIMBERLANE ROAD</b> <b>TALLAHASSEE FL 32312</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWELL, SANDI	1.2 NAME	<b>D.S. Jim Rhea</b>
STREET ADDRESS	683 BRACKETT LANE	1.3 STREET ADDRESS	<b>317 DeSoto St, Apt. #1</b>
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMAKER, SOONI	2.2 NAME	<b>DVP Mary Jo Peltier</b>
STREET ADDRESS	1422 COLONIAL DR	2.3 STREET ADDRESS	<b>2016 Chuli Nene</b>
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNEY, ALVIN	3.2 NAME	
STREET ADDRESS	P.O. BOX 11265 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSKO, ART	4.2 NAME	
STREET ADDRESS	1303 LEE WOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITH, SUZANNE	5.2 NAME	
STREET ADDRESS	1914 SHARON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, TRINY	6.2 NAME	
STREET ADDRESS	4835 HEATH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

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: *Mary Jo Peltier* **SIGNATURE REQUIRED** **5-3-99** **850-487-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)