

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N30523 (7)**

LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, IN C.

Principal Place of Business Mailing Address  
917 FRANCES ST. #2 KEYWEST FL 33040

**SUBMITTED FOR REIMBURSEMENT TO \_\_\_\_\_ ON \_\_\_\_\_**

OK to pay GNC 2-15-95  
#1249 Amt \$130.00  
600001445546  
-04/03/95--01014--001  
\*\*\*\*130.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/06/1989</b>	3a. Date of Last Report <b>02/10/1994</b>
4. FEI Number <b>65-0050312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>917 Frances St., #2</b>	2a. Mailing Address 26 <b>same</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Key West, FL</b>	28 City & State
24 Zip <b>33040</b>	25 Country <b>Monroe</b>
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**PRYCE, STEPHEN D.  
609 SOUTHARD STREET  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name <b>Eileen Quinn</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1013 Margaret Street</b>
83 City, State, Zip <b>Key West, FL 33040</b>
84 City
85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Eileen M. Quinn* **EILEEN M. QUINN** TREASURER **3/7/95**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>VD</b>	NAME <b>BRINKLEY, CAROLINE</b>
STREET ADDRESS <b>1621 SUNSHINE DR.</b>	CITY, ST, ZIP <b>KEY WEST FL 33040</b>
TITLE <b>TD</b>	NAME <b>PRYCE, STEPHEN D</b>
STREET ADDRESS <b>6 GEROME ST.</b>	CITY, ST, ZIP <b>KEY WEST FL 33040</b>
TITLE <b>D</b>	NAME <b>WALSH, LUCILLE B.</b>
STREET ADDRESS <b>270 MARS LANE</b>	CITY, ST, ZIP <b>KEY WEST FL 33040</b>
TITLE <b>P</b>	NAME <b>KENNEDY, EDITH</b>
STREET ADDRESS <b>804 SOUTH ST., P.O. BOX 1407</b>	CITY, ST, ZIP <b>KEY WEST FL 33041</b>
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>Brinkley, Carolyn</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>1621 Sunshine Dr.</b>	
13 STREET ADDRESS <b>Key West FL 33040 (D)</b>	
14 CITY, ST, ZIP	
21 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME <b>Mrs. Eileen Quinn</b>	
23 STREET ADDRESS <b>1013 Margaret St., Key West, FL</b>	
24 CITY, ST, ZIP <b>33040</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME <b>Lucille Walsh</b>	
33 STREET ADDRESS <b>270 Mars Lane</b>	
34 CITY, ST, ZIP <b>Key West FL 33040 (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME <b>Edith Kennedy</b>	
43 STREET ADDRESS <b>804 South St., PO Box 1407</b>	
44 CITY, ST, ZIP <b>Key West FL 33041 (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), 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: *Eileen Quinn* **EILEEN QUINN** **2/2/95** **305-244-9096**  
(Signature, typed or printed name of signing officer or director) DATE PHONE NUMBER

*SW* **3-31-95**