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NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **N30523 (7)**
1. Corporation Name
LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, IN C.



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

3. Date Incorporated or Qualified: **02/06/1989**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **65-0050312**
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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
**QUINN, EILEEN
1013 MARGARET STREET
KEY WEST FL 33040**

10. Name and Address of New Registered Agent (81-85)
81 Name, 82 Street Address, 83, 84 City, 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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRINKLEY, CAROLINE	
STREET ADDRESS	1621 SUNSHINE DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD/DIRECTOR	<input type="checkbox"/> DELETE
NAME	QUINN, EILEEN D	
STREET ADDRESS	1013 MARGARET ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, LUCILLE B.	
STREET ADDRESS	270 MARS LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	P/DIRECTOR	<input type="checkbox"/> DELETE
NAME	KENNEDY, EDITH	
STREET ADDRESS	804 SOUTH ST., P.O. BOX 1407	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/DIRECTOR	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	ROBERT EVANS	
1.3 STREET ADDRESS	1500 ATLANTIC # 115	
1.4 CITY-ST-ZIP	KEY WEST, FL 33040	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	ELIZABETH LANGDALE	
3.3 STREET ADDRESS	1215 WHITEHEAD STREET	
3.4 CITY-ST-ZIP	KEY WEST, FL 33040	
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	700001744057	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	-03/15/96--01018--018	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *Eileen M. Quinn* Jan. 29, 1996 305-294-4352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)