

FILE NOW: FILING FEE IS \$61.25

OK

FILED

DA Jan 23 1997 8:00am

CH

Secretary of State

AM

SUE

TO _____ ON _____



NONPROFIT CORPORATION ANNUAL REPORT 1997



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, INC.

Principal Place of Business: 917 FRANCES ST. #2 KEYWEST FL 33040
Mailing Address: 917 FRANCES ST. #2 KEYWEST FL 33040-3359

3. Date Incorporated or Qualified: 02/06/1989
3a. Date of Last Report: 03/14/1996

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

4. FEI Number: 65-0050312
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
QUINN, EILEEN
1013 MARGARET STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	VANS, ROBERT 1500 ATLANTIC #115 KEY WEST FL 33040	1.1 TITLE	Robert Evans, not Vans.
TITLE: TD	QUINN, EILEEN D 1013 MARGARET ST. KEY WEST FL 33040	2.1 TITLE	President (P)
TITLE: D	LANGDALE, ELIZABETH 1215 WHITEHEAD ST KEY WEST FL 33040	2.2 NAME	QUINN, EILEEN
TITLE: PD	KENNEDY, EDITH 804 SOUTH ST. KEY WEST FL 33041	2.3 STREET ADDRESS	915 Southard St #3
TITLE: [DELETED]		2.4 CITY-ST-ZIP	Key West FL 33040
TITLE: [DELETED]		3.1 TITLE	Vice President (V)
TITLE: [DELETED]		3.2 NAME	Lois Meyers
TITLE: [DELETED]		3.3 STREET ADDRESS	1600 Atlantic, #19
TITLE: [DELETED]		3.4 CITY-ST-ZIP	Key West, FL 33040
TITLE: [DELETED]		4.1 TITLE	Treasurer (T)
TITLE: [DELETED]		4.2 NAME	
TITLE: [DELETED]		4.3 STREET ADDRESS	
TITLE: [DELETED]		4.4 CITY-ST-ZIP	
TITLE: [DELETED]		5.1 TITLE	Director (D)
TITLE: [DELETED]		5.2 NAME	Mary Casanova
TITLE: [DELETED]		5.3 STREET ADDRESS	1300 15th Ct. #17
TITLE: [DELETED]		5.4 CITY-ST-ZIP	Key West FL 33040
TITLE: [DELETED]		6.1 TITLE	
TITLE: [DELETED]		6.2 NAME	
TITLE: [DELETED]		6.3 STREET ADDRESS	
TITLE: [DELETED]		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Mary Casanova 1-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024643

CR2E037 (9/96)