FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

917 FRANCES ST. #2

KEYWEST FL 33040

N30523

LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, IN

Mailing Address Principal Place of Business

917 FRANCES ST. #2 KEYWEST FL 33040

2. Principal Place of Business 2a. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc.

22 City & State City & State 23 Zip Zip Country Country 24

9. Name and Address of Current Registered Agent

QUINN, EILEEN J013 MARGARET STREET KEY WEST FL 33040

FILED

ок _тFeb 05 1998 8:00am

Secretary of State DATE CHEC

AMOUNT 8 __ U. 35

3. Date Incorporated or Qualified

02/06/1989

65-0050312

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

☐ Yes **∑**No

		Personal	Property tax of	ue June 30.	168	NO.	
		10. Name a	nd Address of	New Regist	ered Agent	•	
81	Name S	ame	with	neu	ada	tress	_
82	Arest Addre	BSELP.O. Box	WITH Number is Not in nard	cceptable)	#3	}	
63	Key	Wes	F FL	33	040		
64	City				85	Zip Code	

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TITLE EVANS, ROBERT NAME 1.2 NAME 1500 ATLANTIC #115 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY ST-TIPA Change DELETE Addition TITLE QUINN, EILEEN NAME 915 SOUTHARD ST #3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE RMOUNT MEYERS, LOIS NAME STREET ADDRESS 1600 ATLANTIC #19 3.3 STREET ADDRESS KEY WEST FL 34 CITY-ST-ZIP CITY-ST-ZIF DELETE 4.1 TITLE Change Addition TITLE KENNEDY, EDITH NAME 4.2 NAME 804 SOUTH ST. 4.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE CASANOVA, MARY 5.2 NAME 1300 15TH CT #17 STREET ADDRESS **5.3 STREET ADDRESS** KEY WEST FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ■ DELETE 6.1 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

SIGNATURE:

CITY-ST-2IP

ON amouga

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable