

FILE NOW. FILING FEE IS \$07.20

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # N30523

1. Corporation Name  
LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, INC.

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business: FRANCIS ST. #2, KEY WEST, FL 33040  
Mailing Address: 917 FRANCIS ST. #2, KEY WEST, FL 33040



Principal Place of Business 812 Southard St Bldg. # 3 Key West, FL 33040	2a. Mailing Address 812 Southard St Bldg. #3 Key West, FL 33040	3. Date incorporated or Qualified 02/06/1989	4. FEI Number 65-0050312	Applied For Not Applicable
26. City & State Key West, FL	27. City & State Key West, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
28. Zip 33040	29. Zip 33040	30. County Monroe	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent  
QUINN, EILEEN  
915 SOUTHARD ST #3  
KEY WEST FL 33040

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

Pursuant to the provisions of Sections 617.0502 and 617.1506, 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.

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETED	TITLE	Change / Addition
EVANS, ROBERT 1500 ATLANTIC #115 KEY WEST FL	<input type="checkbox"/>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
QUINN, EILEEN 915 SOUTHARD ST #3 KEY WEST FL	<input type="checkbox"/>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEYERS, LOIS 1600 ATLANTIC #19 KEY WEST FL	<input type="checkbox"/>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KENNEDY, EDITH 804 SOUTH ST. KEY WEST FL	<input checked="" type="checkbox"/>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CASANOVA, MARY 1300 15TH CT #17 KEY WEST FL	<input type="checkbox"/>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

C-22E037 (11/98)

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 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 Section 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Casanova 1-5-99 305-294-4352  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #