

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90094 004 \*\*\*\*61.25



**DOCUMENT # N30523**  
 1. Entity Name  
**LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, INC.**

Principal Place of Business      Mailing Address  
 1400 UNITED ST      1400 UNITED  
 BLDG 4, ROOM 404      # 109  
 KEY WEST FL 33040      KEY WEST FL 33040



2. Principal Place of Business      3. Mailing Address  
 1400 United Street      1400 United Street  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Bldg 4, Room 404      # 109  
 City & State      City & State  
 Key West, Fl.      Key West, Fl.  
 Zip      Zip      Country      Country  
 33040      33040      Monroe      Monroe

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
 65-0050312      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASANOVA, MARY**  
**812 SOUTHARD ST.**  
**BLDG. 3**  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GILBERT, CONNIE	
STREET ADDRESS	1010 WHITEHEAD ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	QUINN, EILEEN	
STREET ADDRESS	926 1/2 VIRGINIA ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEYERS, LOIS	
STREET ADDRESS	1600 ATLANTIC #19	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSON, SOL	
STREET ADDRESS	618 GRINNELL ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK MARCUS	
STREET ADDRESS	720 Washington St.	
CITY-ST-ZIP	Key West, FL 3304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Casanova*      1/27/06      305-294-4352