

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 050 ****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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 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.**~~ **1400 United St. #109**
~~**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 reconstituting) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 checked="" 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	FREDERICK, MARCUS	
STREET ADDRESS	720 WASHINGTON ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DD	<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	D: Mary Casanova	<input type="checkbox"/> Delete
NAME	1300 15th Ct Lot 17	
STREET ADDRESS	Key West FL 33040	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Gilbert	
STREET ADDRESS	226 Julia St. Key West	
CITY-ST-ZIP		
TITLE	VP/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Block	
STREET ADDRESS	702 Catherine St	
CITY-ST-ZIP	Key West FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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** Mary Casanova 1/22/08