

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# N30523

Entity Name: LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, INC.

Current Principal Place of Business:

1400 UNITED ST
BLDG 4, ROOM 404
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1400 UNITED
109
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0050312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASANOVA, MARY
1400 UNITED ST #109
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILBERT, CONNIE
Address: 226 JULIA ST
City-St-Zip: KEY WEST, FL 33040

Title: VPT () Delete
Name: BLOCK, CANDY
Address: 702 CATHERINE ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: JACOBSON, SOL
Address: 618 GRINNELL ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CASANOVA, MARY
Address: 1300 15TH CT LOT 17
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BLOCK, CANDY
Address: 702 CATHERINE ST
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FOWLER, PEARY
Address: 502 WHITEHEAD ST
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CASANOVA

Electronic Signature of Signing Officer or Director

DIR.

01/21/2009

Date