

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33576** (2)

1. Corporation Name

LITERACY VOLUNTEERS OF AMERICA, LEE COUNTY, FLORIDA, INC.



Principal Place of Business: 12734 KENWOOD LN STE 38 FORT MYERS FL 33907
Mailing Address: 12734 KENWOOD LN STE 38 FORT MYERS FL 33907

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0106803
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MINAHAN ROBERT, 12734 KENWOOD LANE SUITE 38, FT. MYERS FL 33907

10. Name and Address of New Registered Agent (81-85): Lyle D. Smith, 12734 Kenwood Lane Suite 38, Fort Myers, Fl. 33907

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 officer 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: Lyle D. Smith (with signature) DATE: 2-11-96

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MINAHAN, ROBERT	
STREET ADDRESS	517 BAYSIDE DR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLEN, TED	
STREET ADDRESS	19795 FRENCHMAN'S COURT	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEIST, ELEANORE	
STREET ADDRESS	758 CAPE VIEW DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARNER, MAGGIE	
STREET ADDRESS	552 KEENAN AVE.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, SANDY	
STREET ADDRESS	2050 LEE STREET	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LADY, MARYANN	
STREET ADDRESS	1862 WHITECAP CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL 33903	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Smith Lyle D.	
1.3 STREET ADDRESS	6239 Briarwood Terrace	
1.4 CITY-ST-ZIP	Fort Myers, Fl. 33912	
2.1 TITLE	Morrow Joanne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Morrow Joanne	
2.3 STREET ADDRESS	3462 Hancock Bridge Parkway #216	
2.4 CITY-ST-ZIP	N. Fort Myers, Fl. 33903	
3.1 TITLE	Kartheiser Deborah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kartheiser Deborah	
3.3 STREET ADDRESS	17404 Homewood Rd.	
3.4 CITY-ST-ZIP	Fort Myers, Fl. 33912	
4.1 TITLE	Robert Shormley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Shormley	
4.3 STREET ADDRESS	3324 Clubview Drive	
4.4 CITY-ST-ZIP	N. Fort Myers, Fl. 33917	
5.1 TITLE	Tyrer John L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tyrer John L.	
5.3 STREET ADDRESS	1353 Kingswood Ct.	
5.4 CITY-ST-ZIP	Fort Myers, Fl. 33919	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lyle D. Smith (with signature) DATE: 2-11-96 DAYTIME PHONE #: 941-482-5409

CR2E037 (12/95)