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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
12734 KENWOOD LN STE 38 FORT MYERS FL 33907
12734 KENWOOD LN STE 38 FORT MYERS FL 33907-5639



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 08/02/1989 3a. Date of Last Report 02/26/1996
4. FEI Number 65-0106803 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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
SMITH, LYLE D
12734 KENWOOD LANE
SUITE 38
FT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, LYLE D	
STREET ADDRESS	6239 BRIARWOOD TERRACE	
CITY-ST-ZIP	FT MYERS FL	
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 checked="" type="checkbox"/> DELETE
NAME	KARNER, MAGGIE	
STREET ADDRESS	552 KEENAN AVE.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYRER, JOHN L	
STREET ADDRESS	1353 KINGSWOOD CT	
CITY-ST-ZIP	FT MYERS FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GHORMLEY, ROBERT E.	
1.3 STREET ADDRESS	3324 Clubview Drive	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33917	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KLAFFKE, DONNA	
2.3 STREET ADDRESS	3405 SW PELICAN BLVD.	
2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tyrer John L.	
5.3 STREET ADDRESS	1353 Kingswood Ct.	
5.4 CITY-ST-ZIP	FT. Myers FL	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lady Maryann	
6.3 STREET ADDRESS	1862 Whitecap Circle	
6.4 CITY-ST-ZIP	N FT, Myers FL 33903	

14. I do 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 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

CR2E037 (9/96)