


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/02/1989	
4. FEI Number 65-0106803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85. Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD SMITH, LYLE D 6239 BRIARWOOD TERRACE FT MYERS FL	<input type="checkbox"/> DELETE	1.1 TITLE Sharon Sharon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6239 BRIARWOOD TERRACE		1.2 NAME Hanson Corrie
CITY-ST-ZIP	FT MYERS FL		1.3 STREET ADDRESS 11811 Home Ave.
TITLE	PD GILLEN, TED 19795 FRENCHMAN'S COURT N. FT. MYERS FL 33903	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Fort Myers Beach, FL 33931
STREET ADDRESS	19795 FRENCHMAN'S COURT		2.1 TITLE D
CITY-ST-ZIP	N. FT. MYERS FL 33903		2.2 NAME French Frederick
TITLE	VD KLEIST, ELEANORE 758 CAPE VIEW DR FORT MYERS FL 33919	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 1739 SE. 39th Terrace
STREET ADDRESS	758 CAPE VIEW DR		2.4 CITY-ST-ZIP Cape Coral, FL 33904
CITY-ST-ZIP	FORT MYERS FL 33919		3.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GHORMLEY, ROBERT E 3324 CLUBVIEW DRIVE FT MYERS FL	<input checked="" type="checkbox"/> DELETE	3.2 NAME Kleist Eleanore
STREET ADDRESS	3324 CLUBVIEW DRIVE		3.3 STREET ADDRESS 758 Cape View Drive
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP Fort Myers, FL 33919
TITLE	D TYRER, JOHN L 1353 KINGSWOOD CT FT MYERS FL	<input type="checkbox"/> DELETE	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1353 KINGSWOOD CT		4.2 NAME Haines Sharon
CITY-ST-ZIP	FT MYERS FL		4.3 STREET ADDRESS 1469 Covington Circle West
TITLE	SD LADY, MARYANN 1862 WHITECAP CIRCLE N. FT. MYERS FL	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP Fort Myers, FL 33919
STREET ADDRESS	1862 WHITECAP CIRCLE		5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	N. FT. MYERS FL		5.2 NAME Klaesska Donna Blvd.
			5.3 STREET ADDRESS 3405 SW. Pelican Blvd.
			5.4 CITY-ST-ZIP Cape Coral FL 33914
			6.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			6.2 NAME Thomas Julius O. Jr.
			6.3 STREET ADDRESS 8133 Breton Circle
			6.4 CITY-ST-ZIP Fort Myers FL 33912

14. I 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 1-6-98 278-4400

CR2E037 (10/97)