

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 06, 2004
Secretary of State**

DOCUMENT# N33576

Entity Name: LITERACY VOLUNTEERS OF LEE COUNTY, FL, INC.

Current Principal Place of Business:

12734 KENWOOD LN. STE. 96
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LN. STE. 96
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0106803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LYLE D
12734 KENWOOD LANE
SUITE 96
FT MYERS, FL 33907 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: VD () Delete
Name: JACQUELINE, CADKIN
Address: 9880 CALOOSA YACHT CLUB DR
City-St-Zip: FT MYERS, FL 33919

Title: PD () Delete
Name: MARILYN, FAY
Address: 15011 LAKESIDE VIEW DRIVE 2403
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: BADAGNANI, FRANK
Address: 211 SE 46TH ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: FRASER, TRACI
Address: 836 CAMELIA DRIVE N.W.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: SMITH, LYLE
Address: 6239 BRIARWOOD TR
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: BROWNSTEIN, IVAN
Address: 9791 MAINSAIL COURT
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACQUELINE, CADKIN
Address: 9880 CALOOSA YACHT CLUB DR
City-St-Zip: FT MYERS, FL 33919

Title: D (X) Change () Addition
Name: MARILYN, FAY
Address: 15011 LAKESIDE VIEW DRIVE 2403
City-St-Zip: FORT MYERS, FL 33919

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

Title: D (X) Change () Addition
Name: KARNER, MAGGIE
Address: 13704 RALEIGH LANE M-5
City-St-Zip: FORT MYERS, FL 33919

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

Title: D (X) Change () Addition
Name: SPANTI, LUBOV
Address: 4005 SE FIRST STREET
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYLE D. SMITH

TREA

07/06/2004

Electronic Signature of Signing Officer or Director

_____ Date