

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 # **N44191** (7)

1. Corporation Name
**LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ES
CAMBIA COUNTY**



Principal Place of Business: **C/O WAYNE P. WILLIS
801 NORTH 12TH AVENUE
PENSACOLA FL 32501**

Mailing Address: **C/O WAYNE P. WILLIS
801 NORTH 12TH AVENUE
PENSACOLA FL 32501**

3. Date Incorporated or Qualified: **06/19/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2741395**

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**WILLIS, WAYNE P.
801 NORTH 12TH AVENUE
PENSACOLA FL 32501**

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

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	REZEK, TOM (DR)	
STREET ADDRESS	30 EAST TEXAR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARDIN, KENDALL	
STREET ADDRESS	1100 UNIVERSITY PKWY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWYER, ANN-MARIE	
STREET ADDRESS	1174 SUNSET LANE	
CITY - ST - ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CAROL	
STREET ADDRESS	101 E. ROMANO ST.	
CITY - ST - ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	Pilcher, Peggy	
1.3 STREET ADDRESS	30 East Texar Drive	
1.4 CITY - ST - ZIP	Pensacola, Florida 32503	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kildrow, Dianne	
2.3 STREET ADDRESS	1250 East Texar Drive	
2.4 CITY - ST - ZIP	Pensacola, Florida 32503	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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: Tom W Rezek 4-23-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E037 (12/95)