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Secretary of State

04-27-1999 90206 029 ****61.25

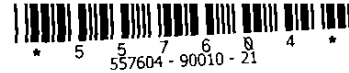


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # N44191

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2741395	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIS, WAYNE P. 801 NORTH 12TH AVENUE PENSACOLA FL 32501				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, of 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: *Wayne Willis* DATE: **4-27-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REZEK, TOM (DR)	1.2 NAME	Lisa Costa
STREET ADDRESS	30 EAST TEXAS	1.3 STREET ADDRESS	c/o Century Corr. Inst.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	400 Tedder Rd. Century, Fl. 32535
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDWELL, JOE	2.2 NAME	Sandra G. Santos
STREET ADDRESS	30 EAST TEXAS DR	2.3 STREET ADDRESS	30 E. Texar St.
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola, Fl. 32504
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, SANDRA	3.2 NAME	Frank Cutrone
STREET ADDRESS	700 S PALEFOX ST	3.3 STREET ADDRESS	8504 Punta Lora
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	Pensacola, Fl. 32514
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUDAHY, PHILLIPA	4.2 NAME	Connie Newton
STREET ADDRESS	30 EAST TEXAS DR	4.3 STREET ADDRESS	Santa Rosa School Dist.
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	213 S. Alcaniz Pensacola, Fl. 32501
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Wayne Willis* DATE: **4-24-99** **(850) 429-5646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Print 8

CR2E037 (1/98)