


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91043 016 \*\*\*\*61.25

**DOCUMENT # N44191**  
 1. Entity Name  
**LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ESCAROSA**



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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



01082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2741395**

Applied For  
 Not Applicable

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wayne P. Willis* DATE *3/31/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>REZEK, TOM (DR)</b> 30 EAST TEXAR PENSACOLA, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>BURRIS, KEVIN R</b> 5613 DORIS ST MILTON, FL 32570	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>SANTOS, SANDRA G</b> 30 E TEXAR ST PENSACOLA, FL 32504	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>CUTRONE, FRANK</b> 8504 PUNTA LORA PENSACOLA, FL 32514	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>REISING, MADGE</b> 311 HERNEY AVE. PENSACOLA, FL 32507	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>KILGEN, VICTORIA</b> 3285 BERMUDA CR. PENSACOLA, FL 32503	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne P. Willis* DATE: *4-15-04* DAYTIME PHONE #: *(850) 595-6990*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR