


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

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



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2741395 Applied For
 Not Applicable

5. 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

DO NOT WRITE IN THIS SPACE

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 *4/28/05*

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REZEK, TOM (DR)
STREET ADDRESS	30 EAST TEXAR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	BURRIS, KEVIN R
STREET ADDRESS	5613 DORIS ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	SANTOS, SANDRA G
STREET ADDRESS	30 E TEXAR ST
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	CUTRONE, FRANK
STREET ADDRESS	8504 PUNTA LORA
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	REISING, MADGE
STREET ADDRESS	311 HERNEY AVE.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	KILGEN, VICTORIA
STREET ADDRESS	3285 BERMUDA CR.
CITY-ST-ZIP	PENSACOLA, FL 32503

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 05/05/05-80127-003.61.25

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 817, 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: *Thomas W. Reiser* DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR