


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90065 047 ****61.25

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



Principal Place of Business Mailing Address
C/O WAYNE P. WILLIS 801 NORTH 12TH AVENUE PENSACOLA FL 32501
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 City & State

Zip Country Zip Country

4. FEI Number **59-2741395** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)



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 **1-17-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	REZEK, TOM (DR)	
STREET ADDRESS	30 EAST TEXAR 1310 N. 65th Ave	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURRIS, KEVIN R	
STREET ADDRESS	5613 DORIS ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTOS, SANDRA G	
STREET ADDRESS	90 E TEXAR ST 1310 N. 65th Ave.	
CITY-ST-ZIP	PENSACOLA FL 32504 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTRONE, FRANK	
STREET ADDRESS	8504 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	REISING, MADGE	
STREET ADDRESS	311 HERNEY AVE.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILGEN, VICTORIA	
STREET ADDRESS	3285 BERMUDA CR.	
CITY-ST-ZIP	PENSACOLA FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Ryland	
STREET ADDRESS	1310 N 65th Ave	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Sandra G Santos, Treasurer* **2/1/06** **850-453-3221**
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