

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90044 007 ****70.00



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 - No P.O. Box #
 129 N. MERRITT ST PENSACOLA FL 32507
 Suite, Apt. #, etc.

3. Mailing Address
 129 N. MERRITT ST PENSACOLA FL 32507
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State Zip Country
 City & State Zip Country

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

7. Name and Address of New Registered Agent
 Name **Wayne Willis**
 Street Address (P.O. Box Number is Not Acceptable)
5001 Grande St Unit 1111
 City **Pensacola** **FL** Zip Code **32501**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-STATE-ZIP | P REZEK, TOM (DR) 1310 N. 65TH AVE PENSACOLA FL 32506 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D RYLAND, PAMELA 1310 N. 65TH AVE PENSACOLA FL 32506 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D SANTOS, SANDRA G 1310 N. 65TH AVE PENSACOLA FL 32501 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D CUTRONE, FRANK 8504 PUNTA LORA PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D REISING, MADGE 311 HERNEY AVE. PENSACOLA FL 32507 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D KILGEN, VICTORIA 3285 BERMUDA CR. PENSACOLA FL 32503 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D Lydia Henderson 129 N. Merritt Pensacola FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | P Pamela Ryland 129 N. Merritt Pensacola FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | T SANDRA SANTOS 129 N. Merritt Pensacola FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | M MAULDIW CARTER 129 N. MERRITT ST Pensacola FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | S Susan Winters 1771 Tate Road CANTONMENT FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | P Patricia Morris 129 N. Merritt ST Pensacola FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 Santos* Treasurer **750-453-7462-5ch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #