

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44191

FILED
Jul 28, 2009
Secretary of State

Entity Name: LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ESCAROSA

Current Principal Place of Business:

129 N MERRIT ST
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

129 N MERRIT ST
PENSACOLA, FL 32507

New Mailing Address:

PO BOX 17215
PENSACOLA, FL 32522

FEI Number: 59-2741395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIS, WAYNE P.
5001 GRANDE ST UNIT 111
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, MAULDIN
Address: 129 N MERRITT ST
City-St-Zip: PENSACOLA, FL 32507

Title: P () Delete
Name: RYLAND, PAMELA
Address: 129 N MERRITT
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: SANTOS, SANDRA G
Address: 129 N MERRITT
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: CARTER, MAULOIN
Address: 129 N MERRITT
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: TURNER, LISA
Address: 6751 BERRYHILL RD
City-St-Zip: MILTON, FL 32507

Title: D () Delete
Name: KILGEN, VICTORIA
Address: 3285 BERMUDA CR.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HENDERSON, LYDIA
Address: 129 N MERRITT ST
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WINTERS, SUSAN
Address: 1771 TATE RD.
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA HENDERSON

D

07/28/2009

Electronic Signature of Signing Officer or Director

_____ Date