


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90158 034 \*\*\*\*61.25

**DOCUMENT # N44191**

1. Entity Name  
**LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ES  
CAROSA**



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      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_  
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 **2-13-03**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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 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*      **REQUIRED**      DATE **2-13-03**

CR2E037 (10/02)