


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90037 014 ****70.00

DOCUMENT # N49840			
1. Entity Name LITERACY FLORIDA!, INC.			
Principal Place of Business 2981 S. LOOKOUT BLVD. PORT SAINT LUCIE, FL 34399 US		Mailing Address 2925 OPTIMIST DRIVE SUITE A MARIANNA, FL 32448	
2. Principal Place of Business - No P.O. Box # <i>2925 Optimist Drive</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite A</i>		Suite, Apt. #, etc.	
City & State <i>MARIANNA, FL</i>		City & State	
Zip <i>32448</i>	Country <i>US</i>	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWAFFORD, ELSIE L TRES 2925 OPTIMIST DRIVE STE. 14 MARIANNA, FL 32448		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 <i>Elsie L. Swafford</i> Signature, typed or printed name of registered agent and title if applicable.		Elsie L. Swafford Treasurer DATE <i>Jan 7, 2008</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILDER, JIM 2981 LOOKOUT BLVD S PORT SAINT LUCIE, FL 34399 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Newell, SANDRA 573 Stone House Road Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWELL, SANDY 500 S BRONOUGH STREET TALLAHASSEE, FL 34399 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeMoranville, Jose 8811 Cavender Drive Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAFFORD, ELSIE L 2925 OPTIMIST DRIVE MARIANNA, FL 32448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORVELL, GLENDA 281 TROJAN TRAIL 3817 TALLAVANA TRAIL TALLAHASSEE, FL 32311 <i>HAVANA, FL 32333</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3817 TALLAVANA TRAIL HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Post President</i> Wilder, Jim <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Post President</i> Wilder, Jim 2981 Lookout Blvd. S Port Saint Lucie, FL 34399 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Elsie L. Swafford</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Elsie L. Swafford 01-07-2008 850-482-9296 Date Daytime Phone #	

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01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2974070 Applied For Not Applicable

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