

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N49840

Entity Name: LITERACY FLORIDA, INC.

Current Principal Place of Business:

2925 OPTIMIST DR
STE A
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

2925 OPTIMIST DRIVE
SUITE A
MARIANNA, FL 32448

New Mailing Address:

2925 OPTIMIST DR
STE A
MARIANNA, FL 32448 US

FEI Number: 59-2974070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAFFORD, ELSIE L TRES
2925 OPTIMIST DRIVE
STE. 14
MARIANNA, FL 32448 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: P () Delete
Name: NEWELL, SANDRA
Address: 573 STONEHOUSE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: DEMORANVILLE, JOSES
Address: 8811 CAVENDER DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: SWAFFORD, ELSIE L
Address: 2925 OPTIMIST DRIVE
City-St-Zip: MARIANNA, FL 32448

Title: S () Delete
Name: NORVELL, GLENDA
Address: 3817 TALLAVANA TRL
City-St-Zip: HAVANA, FL 32333

Title: PP () Delete
Name: WILDER, JIM
Address: 2981 LOOKOUT BLVD S
City-St-Zip: PORT SAINT LUCIE, FL 34399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ELSIE SWAFFORD

T

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date