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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PH 4:03

DOCUMENT # N93000001736 (8)

1. Corporation Name

LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 701 CHIPLEY FL 32428-0701	Mailing Address 209 HOYT STREET BLDG P CHIPLEY FL 32428
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3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 02/16/1994
4. FEI Number 59-2892850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 757 HOYT STREET BLDG. P	2a. Mailing Address 28 P.O. BOX 701		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State CHIPLEY, FL 32428	28 City & State CHIPLEY, FL 32428-0701		
24 Zip 32428	25 Country	29 Zip 32428-0701	30 Country

9. Name and Address of Current Registered Agent

JONES, LOIS C
209 HOYT STREET BLDG 18
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 757 HOYT STREET BLDG. P
83
84 City CHIPLEY
85 Zip Code FL 32428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECK, PAULETTE P.O. BOX 742 VERNON FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGRAM, ELAINE 916 N 6TH ST CHIPLEY FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUATTLEBAUM, MADLYN RT 1 BOX 273-T CHIPLEY FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARKE, DOROTHY 300 EAST SOUTH BLVD CHIPLEY FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, ETHEL RT 1 BOX 41-A COTTONDALE FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSS, MINNIE 101 S DANKIN ST VERNON FL 32462

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	DOGWOOD ACRES CAMP HWY 279
1.4 CITY-ST-ZIP	VERNON, FL 32462
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD MINNIE RUSS
3.3 STREET ADDRESS	101 South Dankin Street
3.4 CITY-ST-ZIP	VERNON, FL 32462
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D LYNDA CAIN
6.3 STREET ADDRESS	203 SOUTH 3rd STREET
6.4 CITY-ST-ZIP	CHIPLEY, FL 32428

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paulette T. Heck Pres. LWC, INC 1/29/95 904-535-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date Printed)