

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001736 (8)

1. Corporation Name

LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.



Principal Place of Business 757 HOYT STREET BLDG P CHIPLEY FL 32428 US	Mailing Address P.O. BOX 701 BLDG P CHIPLEY FL 32428-0701 US
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3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 01/27/1995
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
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

JONES, LOIS C  
757 HOYT STREET BLDG. P.  
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HECK, PAULETTE	
STREET ADDRESS	DOGWOOD ACRES CAMP HIGHWAY 279	
CITY-ST-ZIP	VERNON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ENGRAM, ELAINE	
STREET ADDRESS	916 N 6TH ST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUSS, MINNIE	
STREET ADDRESS	101 SOUTH DANKIN STREET	
CITY-ST-ZIP	VERNON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARKE, DOROTHY	
STREET ADDRESS	300 EAST SOUTH BLVD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, ETHEL	
STREET ADDRESS	RT 1 BOX 41-A	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAIN, LINDA	
STREET ADDRESS	203 SOUTH 3RD STREET	
CITY-ST-ZIP	CHIPLEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	Tracy Andrews
5.3 STREET ADDRESS	418-A Brown Street
5.4 CITY-ST-ZIP	Chipley, FL 32428
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard Norton
6.3 STREET ADDRESS	959 Orion CT
6.4 CITY-ST-ZIP	Sunny Hills, 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 119.07(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: Lois C. Jones 2/7/96 904-628-6317  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR  
 LOIS C. JONES - EXEC. DIRECTOR  
 Date Daytime Phone #

CR2E037 (12/95)