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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

757 HOYT STREET BLDG P
CHIPLEY FL 32428
US

P.O. BOX 701
BLDG P
CHIPLEY FL 32428-0701
US

3. Date Incorporated or Qualified
04/16/1993

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2692850

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME HECK, PAULETTE
STREET ADDRESS DOGWOOD ACRES CAMP HIGHWAY 279
CITY-ST-ZIP VERNON FL

1.1 TITLE VD Change Addition
1.2 NAME EDDIE PRIDGEN
1.3 STREET ADDRESS 529 SINCLAIR AVE
1.4 CITY-ST-ZIP CHIPLEY, FL. 32428

TITLE VD DELETE
NAME ENGRAM, ELAINE
STREET ADDRESS 916 N 6TH ST
CITY-ST-ZIP CHIPLEY FL 32428

2.1 TITLE PD Change Addition
2.2 NAME ENGRAM, ELAINE
2.3 STREET ADDRESS 916 N 6th St
2.4 CITY-ST-ZIP CHIPLEY FL 32428

TITLE SD DELETE
NAME RUSS, MINNIE
STREET ADDRESS 101 SOUTH DANKIN STREET
CITY-ST-ZIP VERNON FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME CLARKE, DOROTHY
STREET ADDRESS 300 EAST SOUTH BLVD
CITY-ST-ZIP CHIPLEY FL 32428

4.1 TITLE TD Change Addition
4.2 NAME CLARKE, DOROTHY
4.3 STREET ADDRESS P.O. Box 345 N/A
4.4 CITY-ST-ZIP CHIPLEY, FL. 32428

TITLE D DELETE
NAME ANDREWS, TRACY
STREET ADDRESS 418-A BROWN ST
CITY-ST-ZIP CHIPLEY FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME NORTON, RICHARD
STREET ADDRESS 959 ORION CT
CITY-ST-ZIP SUNNY HILLS FL

6.1 TITLE D Change Addition
6.2 NAME MARGARET DUERBECK
6.3 STREET ADDRESS 848 N. SALEM DR.
6.4 CITY-ST-ZIP CHIPLEY, FL. 32428

14. I do 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 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 LOIS C. JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

904-638-6317
Daytime Phone #0006974

CR2E037 (9/96)