


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001736 (8)**  
 1. Corporation Name  
**LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.**



Principal Place of Business <b>757 HOYT STREET BLDG P CHIPLEY FL 32428 US</b>	Mailing Address <b>P.O. BOX 701 BLDG P CHIPLEY FL 32428-0701 US</b>
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3. Date Incorporated or Qualified <b>04/16/1993</b>	
4. FEI Number <b>59-2892850</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 <b>757 Hoyt Street</b>	26 <b>P.O. Box 701</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Chipley Florida</b>	28 <b>Chipley Florida</b>
24 <b>32428</b>	29 <b>32428</b>
25 <b>Washington</b>	30 <b>Wash</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <b>Elaine Ingram</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>520 MAIN STREET</b>	
83	
84 City <b>Chipley</b>	85 Zip Code <b>FL 32428</b>

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 Elaine Ingram (NOTE: Registered Agent signature required when reinstating) DATE **3/6/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>PRIDGEN, EDDIE</b>	
STREET ADDRESS	<b>529 SINCLAIR AVE.</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>ENGRAM, ELAINE</b>	
STREET ADDRESS	<b>916 N. 6TH ST.</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>RUSS, MINNIE</b>	
STREET ADDRESS	<b>101 SOUTH DANKIN STREET</b>	
CITY-ST-ZIP	<b>VERNON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>CLARKE, DOROTHY</b>	
STREET ADDRESS	<b>P.O. BOX 345</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>ANDREWS, TRACY</b>	
STREET ADDRESS	<b>418-A BROWN ST</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DUERBECK, MARGARET</b>	
STREET ADDRESS	<b>848 N. SALEM DRIVE</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Elaine Ingram</b>		
2.3 STREET ADDRESS	<b>520 MAIN STREET</b>		
2.4 CITY-ST-ZIP	<b>Chipley Florida 32428</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>TD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Dorothy Clarke</b>		
4.3 STREET ADDRESS	<b>1232 South Blvd.</b>		
4.4 CITY-ST-ZIP	<b>Chipley Florida 32428</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>500002472865</b>		
6.3 STREET ADDRESS	<b>-03/31/98--01017--031</b>		
6.4 CITY-ST-ZIP	<b>***61.25</b>		

14. I 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: Elaine Ingram DATE: **March 4 1998**

CR2E037 (10/97)