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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001736

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



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 04/16/1993 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-2892850 |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> |
| 23 | 28 | \$8.75 Additional Fee Required |
| Zip | Country | 6. Election Campaign Financing <input type="checkbox"/> |
| 24 | 29 | Trust Fund Contribution <input type="checkbox"/> |
| | 30 | \$5.00 May Be Added to Fees |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| ENGRAM, ELAINE 520 MAIN STREET CHIPLEY FL 32428 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 85 Zip Code |
| | FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PP ENGRAM, ELAINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGRAM, ELAINE | 1.2 NAME | 520 MAIN ST. |
| STREET ADDRESS | 520 MAIN STREET | 1.3 STREET ADDRESS | CHIPLEY, FLA. 32428 |
| CITY-ST-ZIP | CHIPLEY FL 32428 | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUSS, MINNIE | 2.2 NAME | |
| STREET ADDRESS | 101 SOUTH DANKIN STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERNON FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, DOROTHY | 3.2 NAME | CLARKE, DOROTHY |
| STREET ADDRESS | 1232 SOUTH BLVD. | 3.3 STREET ADDRESS | 1232 SOUTH BLVD. |
| CITY-ST-ZIP | CHIPLEY FL 32428 | 3.4 CITY-ST-ZIP | CHIPLEY, FLA. 32428 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREWS, TRACY | 4.2 NAME | |
| STREET ADDRESS | 418-A BROWN ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUERBECK, MARGARET | 5.2 NAME | ENGRAM, MARVIN |
| STREET ADDRESS | 848 N. SALEM DRIVE | 5.3 STREET ADDRESS | 520 MAIN ST. |
| CITY-ST-ZIP | CHIPLEY FL | 5.4 CITY-ST-ZIP | CHIPLEY, FLA. 32428 |
| TITLE | VPD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, PAUL | 6.2 NAME | |
| STREET ADDRESS | 1583 SOUTH BLVD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY FLA. 32428 | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Engram* 1-18-99 850-638-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #

CR2.037 (1/98)