

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State
 01-31-2002 90034 048 ****61.25

0062749

DOCUMENT # N93000001736
 1. Entity 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 CHIPLEY FL 32428-0701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent

ENGRAM, MARVIN
520 MAIN STREET
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ENGRAM, ELAINE	
STREET ADDRESS	520 MAIN STREET	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUSS, MINNIE	
STREET ADDRESS	101 SOUTH DANKIN STREET	
CITY-ST-ZIP	VERNON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, DOROTHY	
STREET ADDRESS	1232 SOUTH BLVD.	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALMER, ANN	
STREET ADDRESS	1323 COGGIN AVE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ENGRAM, MARVIN	
STREET ADDRESS	520 MAIN ST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, PAUL	
STREET ADDRESS	1583 SOUTH BLVD	
CITY-ST-ZIP	CHIPLEY FL 32428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Lavender	
STREET ADDRESS	P.O. Box 236	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flora "Pat" Patton	
STREET ADDRESS	3379 Pate Pond Rd.	
CITY-ST-ZIP	Vernon, FL 32462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sally Young	
STREET ADDRESS	Subdivison Rd.	
CITY-ST-ZIP	Ebro, FL 32437	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Jefferson	
STREET ADDRESS	1453 State Park Rd.	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Genevlyn Brown	
STREET ADDRESS	P.O. Box 30	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Smith	
STREET ADDRESS	1583 South Blvd.	
CITY-ST-ZIP	Chipley, FL 32428	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marvin Engram **1-22-02** **(850) 638-6056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)