


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90008 031 ****61.25

DOCUMENT # N93000001736

1. Entity Name
LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.



Principal Place of Business
WASHI-HOLMES TECH CENTER
757 HOYT ST
CHIPLEY, FL 32428 US

Mailing Address
P.O. BOX 701
CHIPLEY, FL 32428-0701 US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2892850

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, PAUL
1583 SOUTH BLVD
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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JEFFERSON, SUE | |
| STREET ADDRESS | 1453 STATE PARK RD | |
| CITY-ST-ZIP | CHIPLEY, FL 32428 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAVENDER, JEANNE | |
| STREET ADDRESS | PO BOX 236 | |
| CITY-ST-ZIP | CHIPLEY, FL 32428 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CLARKE, DOROTHY | |
| STREET ADDRESS | 1232 SOUTH BLVD | |
| CITY-ST-ZIP | CHIPLEY, FL 32428 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ENGRAM, ELAINE | |
| STREET ADDRESS | 520 MAIN ST | |
| CITY-ST-ZIP | CHIPLEY, FL 32428 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, GENEVELYN | |
| STREET ADDRESS | PO BOX 30 | |
| CITY-ST-ZIP | CHIPLEY, FL 32428 | |
| TITLE | TD | <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 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pat Patton | |
| STREET ADDRESS | 3379 Pate Pond Rd. | |
| CITY-ST-ZIP | Vernon, FL 32462 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Paul M. Smith Date: 1-12-04 Daytime Phone #: (850)638-6056