2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.



FILED Jan 07, 2003 8:00 am Secretary of State

01-07-2003 90024 019 ****61.25

DOCUMENT #	N93000001736
1 Entity Name	

Principal Place of Business 757 HOYT STREET BLDG P CHIPLEY FL 32428

2. Principal Place of Business

Suite, Apt. #, etc.

Wash. - Holmes Tech Center

Mailing Address

P.O. BOX 701

CHIPLEY FL 32428-0701

3. Mailing Address
P.O. Box 701

Suite, Apt. #, etc.

Suite, Apt. 757 H.	. #, etc. oyf Sf	•	Suite, Ap	ot. #, etc.			CHECK HERE IF MAKING CHANGES				
Chiple	City & State Lipley, FL Chipky, FL			•	4. FEI Number 59-2892850				Applied For Not Applicable		
Zip 3241	28	Country USA	Zip 32428		Country USA		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
					Name	Name Dani Sania					
ENGRAM, MARVIN					<u> </u>	Yayl Smith					
520 MAIN STREET				Street	Street Address (P.O. Box Number is Not Acceptable)						
CHIPLEY FL 32428				1 5	1502 6 4 01 1						
V C.					1583 South Blvd.						
					City	City Chicaled FL Zip Code					
2 The above	nomed satis	. A charita this atataman	. fa. tha		ninta and a file and						
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 LAUCA VING Paul M. Swith 1-5-03											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
' I	FILE NOW:	: FEE 1S \$61.25	9.	Election Campa	-	\$5.00 May Be Make Check Payable to					
				Trust Fund Con	tribution.	on. Added to Fees Florida Department of State					
10.	t <u> </u>	OFFICERS AND	DIRECTORS		11.			NGES TO OFFICERS		IN 10	
TITLE	D			Delete	TITLE	Suc	· Jeffe	rson L fark Rd	Change	e 🖀 Addition	
NAME	ENGRAM, I	ELAINE		ĺ	NAME	145	2 State	Park Rd	•		
STREET ADDRESS	520 MAIN	STREET			STREET ADDRESS						
CITY-ST-ZIP	CHIPLEY F	L 32428			CITY-ST-ZIP	uniq	stey, r	L 32428			
TITLE	D		Г] Delete	TITLE	アュエ	Patton		Chang	e 🖪 Addition	
NAME	LAVENDER	. Jeanne	_	2 00.00	NAME	127	0 0 1	Pond RD.			
STREET ADDRESS	PO BOX 23	•			STREET ADDRESS	331	7 1412	2014			
CITY-ST-ZIP	CHIPLEY F				CITY-ST-ZIP	Ver	non, I-L	32462		1	
TITLE	D=		Г	Delete	TITLE	Ma	-1	has		e Addition	
NAME	CLARKE, D	OROTHY		1 Delete	NAME	110	clayton	100		Addition	
STREET ADDRESS	1232 SOUT				STREET ADDRESS	118.1	Clayton	n 150			
CITY-ST-ZIP	CHIPLEY F				CITY-ST-ZIP	Chip	ley, FL	32428			
	D	L 32420			·						
TITLE	I =	ALLV	•	Delete	TITLE	Mar	y Davis + Rache	,	Change	e 📤 Addition	
NAME	YOUNG, SA				NAME	1471	\$ Rache	IRS.		į	
	SUBDIVISO				STREET ADDRESS	· · · ·	ا ماني	- 32440	•	•	
CITY-ST-ZIP	EBRO FL 3	243/			CITY-ST-ZIP						
TITLE	D			Delete	TITLE	500	1 Boys	den .	Change	e 📕 Addition	
NAME	Brown, G				NAME	55%	3 Doug	hs Ferry 1	(A).		
	PO BOX 30				STREET ADDRESS	7		2343	7]	
CITY-ST-ZIP	CHIPLEY F	L 32428			CITY-ST-ZIP	cary	mile! L	LOATA	•		
TITLE	TD			Delete	TITLE	G.	an Br.	len hs Ferry 1 L 3242 ooks	☐ Change	Addition	
NAME	SMITH, PAI	UL	_		NAME	211	350 200				
STREET ADDRESS	1583 SOUT				STREET ADDRESS	7.0.	ROX JA	フ		ļ	
CITY-ST-ZIP	CHIPLEY F				CITY-ST-ZIP	Ver	non, FL	32462			
					L	1					

12. I hereby certify that the information sypplied 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 of 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 attachyrient with an address, with all other like empowered.

SIGNATURE: