


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90055 007 \*\*\*\*61.25

**DOCUMENT # N98000001962**

1. Entity Name  
**LITERACY VOLUNTEERS OF GADSDEN COUNTY, INC.**



Principal Place of Business  
**341 E JEFFERSON ST  
 QUINCY, FL 32351**

Mailing Address  
**341 E JEFFERSON ST  
 QUINCY, FL 32351**



2. Principal Place of Business - No P.O. Box #  
**132 Pat Thomas Pkwy**

3. Mailing Address  
**132 Pat Thomas Pkwy**

Suite, Apt. #, etc.

07102007 Chg-NP CR2E037 (12/06)

City & State  
**Quincy, FL**

City & State  
**Quincy, FL**

Zip  
**32351** Country  
**Gadsden**

Zip  
**32351** Country  
**Gadsden**

4. FEI Number  
**59-3502561**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ODAHOWSKI, KRIS  
 341 E JEFFERSON ST  
 QUINCY, FL 32351**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 14, 2007**

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	P	<input type="checkbox"/> Delete
NAME	CRUTCHER, RICHARD	
STREET ADDRESS	1014 ATTAPULGUS HWY	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, BEA	
STREET ADDRESS	500 WEST KING	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TILCOCK, RACHAEL	
STREET ADDRESS	175 HOPKINS LANDING RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, SANDRA	
STREET ADDRESS	500 FOREST DRIVE	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, IRENE	
STREET ADDRESS	363 LINCOLN DR	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 exemptions contained in Chapter 119, 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: Rachael Tilcock Treasurer 7/9/07 (850) 893-8418  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #