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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29338** **(3)**

1. Corporation Name

LITERACY VOLUNTEERS OF LEON COUNTY, INC.

Principal Place of Business	Mailing Address
C/O ELLEN LAURICELLA 200 WEST PARK AVE TALLAHASSEE FL 32301-4720 US	C/O ELLEN LAURICELLA 200 WEST PARK AVE TALLAHASSEE FL 32301-4720 US

3. Date Incorporated or Qualified: 11/17/1988

4. FEI Number: 59-2937641 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCARBORO, LEE
1320 THOMASWOOD DR.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Kristy Tenbus
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 1292 Timberlane Road
84 City: Tallahassee FL 85 Zip Code: 32312

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: Kristy Tenbus 4/3/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	ROWELL, SANDI		1.2 NAME	Jones, Robert	
STREET ADDRESS	683 BRACKETT LANE		1.3 STREET ADDRESS	200 W. Park Ave	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	DVP	☐ DELETE	2.1 TITLE	DT	☐ Change ☒ Addition
NAME	RAYMAKER, SOONI		2.2 NAME	Tenbus, Kristy	
STREET ADDRESS	1422 COLONIAL DR		2.3 STREET ADDRESS	1292 Timberlane Road	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURNEY, ALVIN		3.2 NAME		
STREET ADDRESS	P.O. BOX 11285 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JUSKO, ART		4.2 NAME		
STREET ADDRESS	1303 LEE WOOD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHMITH, SUZANNE		5.2 NAME		
STREET ADDRESS	1914 SHARON RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, TRINY		6.2 NAME		
STREET ADDRESS	4835 HEATH DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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.

SIGNATURE: Kristy Tenbus 4/3/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #