

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734110

**Entity Name:** LITERACY SERVICES OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

1600 21ST STREET  
VERO BEACH, FL 32960

**Current Mailing Address:**

1600 21ST STREET  
VERO BEACH, FL 32960

**FEI Number: 59-1987210**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHMITT, JESSICA D  
1600 21ST STREET  
VERO BEACH, FL 32960 US

*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: JESSICA D. SCHMITT**

**01/14/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MEDLOCK, MELISSA  
Address        2801 FLIGHT SAFETY DR.  
City-State-Zip: VERO BEACH FL 32960

Title           DIRECTOR  
Name           WALKER, DIANA  
Address        855 21ST ST.  
City-State-Zip: VERO BEACH FL 32960

Title           DIRECTOR  
Name           REMSNYDER, DONNA  
Address        11550 CR 507  
City-State-Zip: FELLSMERE FL 32948

Title           DIRECTOR, VP  
Name           HEALY, KATY  
Address        755 BEACHLAND BOULEVAD  
City-State-Zip: VERO BEACH FL 32963

Title           DIRECTOR, PRESIDENT  
Name           JONES, KENT  
Address        1118 GOVERNORS WAY  
City-State-Zip: VERO BEACH FL 32963

Title           DIRECTOR  
Name           STENGEL, LORNA  
Address        161 BERMUDA BAY LANE  
City-State-Zip: VERO BEACH FL 32963

Title           DIRECTOR  
Name           MALITS, KAREN  
Address        7450 32ND COURT  
City-State-Zip: VERO BEACH FL 32967

Title           DIRECTOR  
Name           STEINKRAUSS, CHRIS  
Address        140 WATERWAY LANE  
City-State-Zip: VERO BEACH FL 32963

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KENT JONES**

**BOARD PRESIDENT**

**01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ABOLLO, JOE  
Address INDIAN RIVER SHERIFF'S DEPARTMENT  
4055 41ST STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name ORTEGA-COWAN, ROMAN  
Address 1566 48TH AVENUE  
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR  
Name KANAREK, PAUL  
Address 1241 POITRAS DRIVE  
City-State-Zip: VERO BEACH FL 32963