

**2017 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:**

SNYDER, MARY 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MANN, DON  
Address 300 N. BLUE WAVE LANE  
City-State-Zip: VERO BEACH FL 32963

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

Title VP  
Name WALKER, PETER  
Address 820 RIVER TRAIL  
City-State-Zip: VERO BEACH FL 32963

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

Title PRESIDENT  
Name SERVOS, MICHELLE  
Address 6066 7TH ST.  
City-State-Zip: VERO BEACH FL 32968

Title DIRECTOR  
Name TYSON, JOEL  
Address 22 N. MULBERRY ST.  
City-State-Zip: FELLSMERE FL 32948

*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: MICHELLE SERVOS**

**PRESIDENTE**

**02/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date