

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01024

FILED
Feb 12, 2019
Secretary of State
1546733326CC

Entity Name: LITERACY VOLUNTEERS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

8833 TAMIAMI TRAIL EAST
NAPLES, FL 34113

Current Mailing Address:

8833 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

FEI Number: 65-0181251

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PHILLIPS HARVEY GROUP
801 LAUREL OAK DRIVE
203
NAPLES, FL 34108 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: NATHAN A PHILLIPS

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ZIMMERMANN, PETER
Address 8833 TAMIAMI TRAIL E.
City-State-Zip: NAPLES FL 34113

Title ED
Name NIND, CHRISTOPHER
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name BAZLEY, MELISSA
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name HALL, WENDY
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name RAE, ALLYSON
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name GOEBEL, DAVID
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name SPITZ, CHRIS
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name TESAURO, LINDA
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

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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: CHRISTOPHER NIND

EXECUTIVE DIRECTOR

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MR
Name RINALDI, THOMAS
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title MR
Name SNOPKOWSKI, TJ
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DR
Name MCBRIDE, ELIZABETH DR.
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title MS
Name JACKLER, MARGOT .
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113