

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01024

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:** No**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

01/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SALTARELLI, JANET
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 RASMUSSEN, SANDRA
Address 8833 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

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

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

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

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

Title DIRECTOR
Name BIRCH, KATHRYN
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

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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