

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01024

FILED
Feb 26, 2014
Secretary of State
CC1565972076

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:

LEE A. MEYERS, CPA
787 5TH AVENUE SOUTH
NAPLES, FL 34102 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 PRESIDENT
Name SALTARELLI, JANET
Address 8833 TAMIAMI TRAIL E.
City-State-Zip: NAPLES FL 34113

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

Title DIRECTOR
Name MELICK, RICHARD
Address 8833 TAMIAMI TRAIL E.
City-State-Zip: NAPLES FL 34113

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

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

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

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

Title DIRECTOR
Name MELHEIM, MITCH
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: ELAINE MAYRIDES

EXECUTIVE DIRECTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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