

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

DOCUMENT# N05066

**FILED**  
**Apr 10, 2020**  
**Secretary of State**  
**0745456181CC**

**Entity Name:** LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY, INC.

**Current Principal Place of Business:**

300 NOKOMIS AVE. S.  
VENICE, FL 34285

**Current Mailing Address:**

300 NOKOMIS AVE. S.  
VENICE, FL 34285 US

**FEI Number:** 65-0174475

**Certificate of Status Desired:** Yes

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

MCINTYRE, SANDRA S  
338 MARCH CREEK RD  
VENICE, FL 34292 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:** SANDRA MCINTYRE

04/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MCINTYRE, SANDRA  
Address        338 MARSH CREEK RD.  
City-State-Zip: VENICE FL 34292

Title           DIRECTOR  
Name           WISCH, JANITA  
Address        % NORTH PORT LIBRARY  
                  13800 S. TAMAMIAMI TRAIL  
City-State-Zip: NORTH PORT FL 34287

Title           SECRETARY  
Name           PIKE, NANCY  
Address        420 BAYNARD DR.  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           DANIELS, CLAUDIA  
Address        1218 PINE NEEDLE ROAD  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           MCGINTY, JUDITH  
Address        605 MADRID AVENUE  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           POKORNEY, JOE  
Address        605 MADRID AVENUE  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           SKINNER, POLLY  
Address        247 RIO TERRA  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           SEYLER, MARY  
Address        3040 DRAPER TERRACE  
City-State-Zip: NORTH PORT FL 34286

**Continues on page 2**

*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:** SANDRA MCINTYRE

**TREASURER**

04/10/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            PATTERSON, JAMES DR.  
Address         4945 LAUREL HILL DR  
City-State-Zip: VENICE FL 34292

Title            DIRECTOR  
Name            PADMANABHAN, PADDY  
Address         12630 CANAVESE LANE  
City-State-Zip: VENICE FL 34293

Title            DIRECTOR  
Name            MOORE, DON  
Address         433 PINEWOOD LAKE DR.  
City-State-Zip: VENICE FL 34285

Title            VP  
Name            CORELL, PENNY  
Address         11686 HUNTERS CREEK RD  
City-State-Zip: VENICE FL 34293

Title            DIRECTOR  
Name            WILLIAMS, DAVID  
Address         1121 WEST PRICE BLVD., #173  
City-State-Zip: NORTH PORT FL 34288