

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05066

FILED
Jan 25, 2018
Secretary of State
CC1560175989

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

Current Principal Place of Business:

260 N. NOKOMIS AVE.
VENICE, FL 34285

Current Mailing Address:

260 N. NOKOMIS AVE.
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

01/25/2018

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. TAMIAMI 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 BIRD, ESTHER
Address 336 PINE TREE ROAD
City-State-Zip: VENICE FL 34293

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 PRESIDENT
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

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

01/25/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name CHERKASHYNA, SVITLANA
Address 6323 JORDAN ST
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name HOEFER, DEBI
Address 2130 JASMINE WAY
City-State-Zip: NORTH PORT FL 34287

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