

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011428

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC3774185991**

**Entity Name:** THE OPTIMUS LITERACY INSTITUTE OF AMERICA,  
INCORPORATED

**Current Principal Place of Business:**

10952 COPPER HILL DR.  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O. BOX 23334  
MANDARIN, FL 32241 US

**FEI Number: 37-1576989**

**Certificate of Status Desired: Yes**

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

VAUGHN-MALPRESS, KATHI M  
10952 COPPER HILL DR.  
JACKSONVILLE, FL 32218 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 PCEO  
Name VAUGHN-MALPRESS, KATHI M  
Address P.O. BOX 23334  
City-State-Zip: MANDARIN FL 32241

Title VD  
Name DAVIS, MAXINE Y  
Address 1730 MOSELEY ST.  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name ARNOLD, JOSETTA  
Address P. O. BOX 26629  
City-State-Zip: JACKSONVILLE FL 32226

*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: KATHI M. VAUGHN-MALPRESS

PRESIDENT/CEO

04/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date