

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011428

**FILED**  
**Feb 16, 2022**  
**Secretary of State**  
**4327691355CC**

**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 VP  
Name ARNOLD, JOSETTA L  
Address P O BOX 26629  
City-State-Zip: JACKSONVILLE FL 32226

Title COO  
Name SEYMORE, WILLIAM  
Address 11136 LORTHMORE ROAD  
City-State-Zip: JACKSONVILLE FL 32221

Title EXECUTIVE DIRECTOR  
Name BOWMAN-THOMAS, INGRID  
Address 194 MARISCO WAY  
City-State-Zip: JACKSONVILLE FL 32220

Title ADMINISTRATIVE ASSISTANT  
Name ATTARD, GENEVIE  
Address 5350 ARLINGTON EXPRESSWAY  
UNIT 4905  
City-State-Zip: JACKSONVILLE FL 32211

Title TREASURER  
Name MIMS, VERNARD  
Address 4131 WOODLEY CREEK ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title VICE PRESIDENT OF PROGRAMS  
Name MOSS, FELECIA J DR.  
Address 16108 SW 79 AVENUE  
City-State-Zip: ARCHER FL 32618

Title EXECUTIVE SECRETARY  
Name FREDERICKS, SHAWNTRELL  
Address 10952 COPPER HILL DR  
City-State-Zip: JACKSONVILLE FL 32218

*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 VAUGHN-MALPRESS

**PRESIDENT**

**02/16/2022**

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

\_\_\_\_\_  
Date