

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29338

**FILED**  
**Mar 23, 2016**  
**Secretary of State**  
**CC0626626612**

**Entity Name:** LITERACY VOLUNTEERS OF LEON COUNTY, INC.

**Current Principal Place of Business:**

C/O RHONDA COOPER  
200 WEST PARK AVE  
TALLAHASSEE, FL 32301-4720

**Current Mailing Address:**

C/O RHONDA COOPER  
200 WEST PARK AVE  
TALLAHASSEE, FL 32301-4720 US

**FEI Number:** 59-2937641

**Certificate of Status Desired:** No

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

LANIGAN & ASSOCIATES, P.C.  
2630 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 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 VP, DIRECTOR  
Name JONES, GINNY L  
Address 2531 STONE HOUSE COURT  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT, DIRECTOR  
Name GOODMAN, TOBI  
Address 2523 STONEHOUSE COURT  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name MCKENDRICK, WACHELL  
Address 1132 MOSSWOOD CHASE  
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY, DIRECTOR  
Name TORNES, KRYSTAL  
Address 8303 HUNTERS RIDGE TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name WORKMAN, GALE A PHD  
Address 2520 STONE HOUSE COURT  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name ANDERSON, AMELIA  
Address 1532 MYRTLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER, DIRECTOR  
Name JANA, ASITAVA  
Address 2538 WILLIAMETTE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name MEGARGEE, MARY  
Address 2626 E. PARK AVENUE  
APT. #7205  
City-State-Zip: TALLAHASSEE FL 32301

**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:** TOBI GOODMAN

**PRESIDENT**

**03/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MONTAZERI, EBRAHIM  
Address        1950 N. POINT BLVD.  
                  APT.#414  
City-State-Zip: TALLAHASSEE FL 32308