

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30523

**Entity Name:** LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, INC.

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**8493817787CC**

**Current Principal Place of Business:**

2405 NORTH ROOSEVELT BLVD.  
KEY WEST, FL 33040

**Current Mailing Address:**

2405 NORTH ROOSEVELT BLVD.  
KEY WEST, FL 33040 US

**FEI Number: 65-0050312**

**Certificate of Status Desired: No**

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

CASANOVA, MARY  
2405 NORTH ROOSEVELT BLVD.  
KEY WEST, FL 33040 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           PRESIDENT  
Name           SLAVOV, VIKTOR  
Address        2405 NORTH ROOSEVELT BLVD.  
City-State-Zip: KEY WEST FL 33040

Title           VICE PRESIDENT/TREASURER  
Name           QUINN, EILEEN  
Address        2405 NORTH ROOSEVELT  
City-State-Zip: KEY WEST FL 33040

Title           SECRETARY  
Name           MAYKUT, ROBERT DR.  
Address        2405 NORTH ROOSEVELT BLVD.  
City-State-Zip: KEY WEST FL 33040

Title           EXECUTIVE DIRECTOR  
Name           CASANOVA, MARY  
Address        2405 NORTH ROOSEVELT BLVD.  
City-State-Zip: KEY WEST FL 33040

*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: MARY CASANOVA**

**EXECUTIVE DIRECTOR**

**03/07/2024**

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

\_\_\_\_\_  
Date