

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

DOCUMENT# N30523

**FILED**  
**Mar 26, 2016**  
**Secretary of State**  
**CC7151116825**

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

**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 P  
Name FOWLER, PEARY  
Address 302 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title T  
Name CLOUTIER, JANE  
Address 2405 NORTH ROOSEVELT BLVD.  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name SLAVOV, VIKTOR  
Address 2405 NORTH ROOSEVELT BLVD.  
City-State-Zip: KEY WEST FL 33040

Title D  
Name CASANOVA, MARY  
Address 4800 SE FEDERAL HIGHWAY#120  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name WANOUS, CRAIG  
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**

**DIRECTOR**

**03/26/2016**

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

\_\_\_\_\_  
Date