

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

DOCUMENT# N30523

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC9051888286**

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

**Current Principal Place of Business:**

1400 UNITED ST  
#109  
KEY WEST, FL 33040

**Current Mailing Address:**

1400 UNITED ST  
#109  
KEY WEST, FL 33040

**FEI Number: 65-0050312**

**Certificate of Status Desired: No**

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

CASANOVA, MARY  
1400 UNITED ST #109  
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 QUINN, EILEEN  
Address 3 OPAL DRIVE  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name MC GUIRE, JEANNIE  
Address 1400 UNITED #109  
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 PAUL, SHERMAN  
Address 1400 UNITED #109  
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**

**01/14/2014**

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

\_\_\_\_\_  
Date