

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41284

**Entity Name:** LITERACY ALLIANCE OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

40 E ADAMS STREET  
LL30  
JACKSONVILLE, FL 32202

**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**2656516857CC**

**Current Mailing Address:**

40 E ADAMS STREET  
LL30  
JACKSONVILLE, FL 32202 US

**FEI Number:** 23-7153919

**Certificate of Status Desired:** Yes

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

HAILE, MARCUS  
40 E ADAMS STREET  
LL30  
JACKSONVILLE, FL 32202 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:** MARCUS HAILE

04/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name HAILE, MARCUS  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT  
Name MAGUIRE, MICHAEL  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name AULD, JILL  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name CHASE, KEVIN  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY  
Name STEPTER, TERRI  
Address 40 E ADAMS ST  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name BERGSTROM, CASSIDY  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name COKER, KELLY  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name DELEGAL, JULIE  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

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*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:** MARCUS HAILE

**CHIEF EXECUTIVE  
OFFICER**

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name GASPER, KEMAL  
Address 40 E ADAMS ST  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name JAMES, BRIAN  
Address 40 E. ADAMS ST  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name NOBLEJAS, SHAROL  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name KRIZNAR, DANA  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name ROBINSON, VICKIE  
Address 40 E ADAMS ST STE 30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name GROSS, DOREEN  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name LANGHAM, LAUREN  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name PELUSO, JIMMY  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name WILSON, SCOTT  
Address 40 E ADAMS ST  
SUITE 30 LL30  
City-State-Zip: JACKSONVILLE FL 32202-3353