

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41284

**FILED**  
**Mar 27, 2020**  
**Secretary of State**  
**4381653295CC**

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

**Current Principal Place of Business:**

40 E ADAMS STREET  
LL30  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

40 E ADAMS STREET  
LL30  
JACKSONVILLE, FL 32202 US

**FEI Number:** 23-7153919

**Certificate of Status Desired:** No

**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

03/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name MEIDE, MOSES  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

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

Title VP, TREASURER  
Name ROBINSON, VICKIE  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY  
Name BURTON, JAMETORIA  
Address 40 E ADAMS STREET  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

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

Title BOARD MEMBER  
Name BECKMAN, ASHLEY  
Address 40 E ADAMS STREET  
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 BRYANT, LUCHANDRA  
Address 40 E ADAMS ST  
LL30  
City-State-Zip: JACKSONVILLE FL 32202

**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:** MARCUS HAILE

**EXECUTIVE DIRECTOR**

03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

Title COO  
Name HAILE, MARCUS  
Address 40 E. ADAMS ST  
LL30  
City-State-Zip: JACKSONVILLE FL 32202