

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001736

**Entity Name:** LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC2707793815**

**Current Principal Place of Business:**

WASHI-HOLMES TECH CENTER  
757 HOYT ST  
CHIPLEY, FL 32428

**Current Mailing Address:**

P.O. BOX 701  
CHIPLEY, FL 32428-0701 US

**FEI Number: 59-2892850**

**Certificate of Status Desired: No**

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

CLARKE, DOROTHY B PRESIDENT  
757 HOYT STREET  
CHIPLEY, FL 32428 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: DOROTHY B. CLARKE**

**04/25/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CLARKE, DOROTHY B PRESIDENT  
Address        P.O.BOX 345  
City-State-Zip:    CHIPLEY FL 32425

Title            PRES  
Name            DOROTHY, CLARKE  
Address        232 SOUTH BLVD  
City-State-Zip:    CHIPLEY FL 32428

Title            SECT  
Name            PELLETIER, MARY ANN  
Address        3031 PINE OAKS LANE  
City-State-Zip:    CHIPLEY FL 32428

Title            MEMBER  
Name            COGGIN, VONCEIL  
Address        620 5TH STREET/PO BOX 432  
City-State-Zip:    CHIPLEY FL 32428

Title            TREAS.  
Name            DAY, MARGARET  
Address        859 CHESTNUT STREET  
City-State-Zip:    CHIPLEY FL 32428

Title            MEMB  
Name            COBB, BRUCE  
Address        HWY 279  
City-State-Zip:    GREENHEAD FL 32428

Title            VICE-PRESIDENT  
Name            CHAMBERS, HELEN V-PRESIDENT  
Address        P>O>BOX 233  
City-State-Zip:    CARYVILLE FL 32427

*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: DOROTHY B. CLARKE**

**PRESIDENT**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date