

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01024

FILED
Jul 08, 2008
Secretary of State

Entity Name: LITERACY VOLUNTEERS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

281 AIRPORT RD. S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

281 AIRPORT RD. S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2358999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOND, SCHOENECK & KING
1167 THIRD ST., SOUTH, SUITE 107
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HAZELBAKER, JANA
Address: 281 AIRPORT RD SOUTH
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: ROETS, TOM
Address: 281 AIRPORT RD SOUTH
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: SUAREZ, SUSAN
Address: 281 AIRPORT RD SOUTH
City-St-Zip: NAPLES, FL 34104

Title: PD () Delete
Name: TYLER, DAN
Address: 281 AIRPORT RD SOUTH
City-St-Zip: NAPLES, FL 34104

Title: ED () Delete
Name: MAYRIDES, ELAINE
Address: 281 AIRPORT RD SOUTH
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MELHEIM, MITCH
Address: 281 AIRPORT RD SOUTH
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RASMUSSEN, SANDRA
Address: 281 AIRPORT RD SOUTH
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELAINE MAYRIDES

ED

07/08/2008

Electronic Signature of Signing Officer or Director

_____ Date