FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:27

DOCUMENT # N10496 (0)

1. Corporation Name
LITERACY COUNCIL OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2284 MELBOURNE FL 32902-9284 2284	POST OFFICE BOX 2284 MELBOURNE FL 32902-9284 2284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1985
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2464326 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 as above	2a. Mailing Address 26 as above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32902-2284 Country 25	Zip 29 32902-2284 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SISSERSON, J.A. (ATTY) 525 N. HARBOR CITY BOULEVARD MELBOURNE FL 32935	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, ☒ Change ☐ Addition
NAME	DEANS, DOREEN	1.2 NAME	WOZNACK, MARY ANN
STREET ADDRESS	306 GERMANY AVE. S.W.	1.3 STREET ADDRESS	865 OSAGE AVE.
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	MELBOURNE, FL., 32935
TITLE	V	2.1 TITLE	V, ☒ Change ☐ Addition
NAME	ROSENBAUM,SUSAN	2.2 NAME	DEANS, DOREEN
STREET ADDRESS	2835 N. A1A #803,	2.3 STREET ADDRESS	306 GERMANY AVE, S.W.
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	PALM BAY, FL, 32908
TITLE	T	3.1 TITLE	T, ☒ Change ☐ Addition
NAME	BIXBY,WILLIAM	3.2 NAME	DWYER, JAMES
STREET ADDRESS	1217 S. RIVERSIDE DR.	3.3 STREET ADDRESS	154 KINGS WAY,
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	SATELLITE BEACH, FL., 32937
TITLE	S	4.1 TITLE	D, ☒ Change ☐ Addition
NAME	WOZNACK, MARY A	4.2 NAME	BIXBY, WILLIAM,
STREET ADDRESS	865 OSAGE AVENUE	4.3 STREET ADDRESS	1217 S. RIVERSIDE DR.,
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	INDIALANTIC, FL, 32903
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TORTORELLI, NOEL	5.2 NAME	
STREET ADDRESS	675 SEVILLE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHUTT, VIOLETTE	6.2 NAME	
STREET ADDRESS	115 WEST SEMINOLE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Woznack M.A. Woznack February 1, 1995 (407) 254-8324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

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