


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N24562</b> 1. Entity Name LITERACY COUNCIL OF UPPER PINELLAS, INC.	
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Principal Place of Business 223 DOUGLAS AVE DUNEDIN, FL 34698 US	Mailing Address 223 DOUGLAS AVE DUNEDIN, FL 34698 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2864557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MAIORANA, NORMA TREAS. 2813 PADDOCK DR. 242 PALM HARBOR, FL 34684
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINOUR, VICKI 2087 HUNTER GLENN, APT. 101 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONOVAN, GLORIA 434 VILLAGE DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAIORANA, NORMA 2813 PADDOCK DR 3242 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIGON, MARIAN 11140 104TH AVENUE LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000588558  
01/17/07-80075-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dicki Vinour Vicki Vinour* 1/8/07 (727) 298-3080 x223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #