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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29338 (3)

1. Corporation Name
LITERACY VOLUNTEERS OF LEON COUNTY, INC.

Principal Place of Business	Mailing Address
~~K. KRIS ODAHOWSKI~~	~~K KRIS ODAHOWSKI~~
200 WEST PARK AVE	200 WEST PARK AVE
TALLAHASSEE FL 32301-4720	TALLAHASSEE FL 32301-4720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1988
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-2937641 ☐ Applied For ☐ Not Applicable
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 X **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes X No

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

9. Name and Address of Current Registered Agent

ODAHOWSKI, KRIS
200 WEST PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Lee Scarboro
82 Street Address (P.O. Box Number is Not Acceptable): 1320 Thomaswood Dr.
83
84 City: Tallahassee FL 85 Zip Code: 32312

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: Lee Scarboro Lee Scarboro, Treasurer 4-18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE		☐ Change ☐ Addition
NAME	SCARBORO, ~~LEO~~ [redacted]	12 NAME		
STREET ADDRESS	1320 THOMASWOOD DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DS	X Change X Addition
NAME	OBRIEN, KAREN	22 NAME	Jo Schaden	
STREET ADDRESS	15183 WILLOW BEND WAY	23 STREET ADDRESS	1302 Leewood Dr	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, FL	
TITLE	D	31 TITLE	DVP	X Change ☐ Addition
NAME	BAKKER, JOE	32 NAME	Bakker, Joe	
STREET ADDRESS	2308 KARA DR	33 STREET ADDRESS	2308 Kara Dr	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, FL	
TITLE	D	41 TITLE		X Change ☐ Addition
NAME	HALL, AKL	42 NAME		
STREET ADDRESS	4553 BOWFIN DR	43 STREET ADDRESS	← Delete	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE	DVP	51 TITLE		X Change ☐ Addition
NAME	GARVIN, PAM	52 NAME	← Delete	
STREET ADDRESS	3681 DWIGHT DAVIS DR	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	DP	61 TITLE	DP	X Change X Addition
NAME	WHITE, CATHY	62 NAME	Whitehead, Wanda	
STREET ADDRESS	3008 WINDY HILKL LN	63 STREET ADDRESS	1406 Lehigh	
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP	Tallahassee, FL	

REMITTED BY MAY 1

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)(k), 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: Lee Scarboro Treasurer 4-18-95 (904)-386-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lee Scarboro

0001824