

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29338 (3)

1. Corporation Name

LITERACY VOLUNTEERS OF LEON COUNTY, INC.



Principal Place of Business

Mailing Address

~~10~~ KRIS ODAHOWSKI
200 WEST PARK AVE
TALLAHASSEE FL 32301-4720

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200 WEST PARK AVE
TALLAHASSEE FL 32301-4720

3. Date Incorporated or Qualified
11/17/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCARBORO, LEE
1320 THOMASWOOD DR.
TALLAHASSEE FL 32312

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME SCARBORO, LES
STREET ADDRESS 1320 THOMASWOOD DRIVE
CITY - ST - ZIP TALLAHASSEE FL

1.1 TITLE DT ☒ Change ☐ Addition

1.2 NAME Scarboro, Lee
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DS ☒ DELETE

NAME SCHADEN, JO
STREET ADDRESS 1302 LEEWOOD DR.
CITY - ST - ZIP TALLAHASSEE FL

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME Raymaker, Sooni
2.3 STREET ADDRESS 1422 Colonial Drive
2.4 CITY - ST - ZIP Tallahassee, FL 32303

TITLE DV ☒ DELETE

NAME BAKKER, JOE
STREET ADDRESS 2038 KARA DR.
CITY - ST - ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☒ DELETE

NAME HALL, AKL
STREET ADDRESS 4553 BOWFIN DR
CITY - ST - ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DVP ☒ DELETE

NAME GARVIN, PAM
STREET ADDRESS 3681 DWIGHT DAVIS DR
CITY - ST - ZIP TALLAHASSEE FL

5.1 TITLE DVP ☐ Change ☐ Addition

5.2 NAME Owens, John
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP Tallahassee, FL

TITLE DP ☐ DELETE

NAME WHITEHEAD, WANDA
STREET ADDRESS 1406 LEHIGH DR.
CITY - ST - ZIP TALLAHASSEE FL

6.1 TITLE DP ☒ Change ☐ Addition

6.2 NAME Whitehead, Wanda
6.3 STREET ADDRESS 6989 Napa Court
6.4 CITY - ST - ZIP Tallahassee, FL 32311

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

(904) 396-1120

Daytime Phone #

CR2E037 (12/95)