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**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90078 005 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N29338**

1. Corporation Name

**LITERACY VOLUNTEERS OF LEON COUNTY, INC.**

Principal Place of Business

C/O ELLEN LAURICELLA  
200 WEST PARK AVE  
TALLAHASSEE FL 32301-4720  
US

Mailing Address

C/O ELLEN LAURICELLA  
200 WEST PARK AVE  
TALLAHASSEE FL 32301-4720  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/17/1988

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

9. Name and Address of Current Registered Agent

TENBUS, KRISTY  
1292 TIMBERLANE ROAD  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

TITLE DS ☒ DELETE  
NAME ROWELL, SANDI  
STREET ADDRESS 683 BRACKETT LANE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DVP ☒ DELETE  
NAME RAYMAKER, SOONI  
STREET ADDRESS 1422 COLONIAL DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME BURNEY, ALVIN  
STREET ADDRESS P.O. BOX 11265 N/A  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME JUSKO, ART  
STREET ADDRESS 1303 LEE WOOD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME SCHMITH, SUZANNE  
STREET ADDRESS 1914 SHARON RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME WEAVER, TRINY  
STREET ADDRESS 4835 HEATH DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.S. ☐ Change ☒ Addition  
1.2 NAME Jim Rhea  
1.3 STREET ADDRESS 317 DeSoto St, Apt. #1  
1.4 CITY-ST-ZIP Tallahassee, FL 32303

2.1 TITLE DVP ☐ Change ☒ Addition  
2.2 NAME Mary Jo Peltier  
2.3 STREET ADDRESS 2016 Chuli Nene  
2.4 CITY-ST-ZIP Tallahassee, FL 32301

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Mary Jo Peltier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99 850-487-4444

Date

Daytime Phone #

CR2E037 (11/98)