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NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 08, 1999 8:00 am[§] Secretary of State

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DOCUMEN	VT #	N29338

1. Corporation Name

LITERACY VOLUNTEERS OF LEON COUNTY, INC.

Principal Place	e of Business	Mailing Address								
C/O ELLEN LA 200 WEST PAR TALLAHASSEE US	RK AVE	C/O ELLEN LAURICELLA 200 WEST PARK AVE TALLAHASSEE FL 32301-4 US	720							
2. Principal Pl	lace of Business	2a. Mailing Address	<u>.</u>	<u></u>		3. Date Incorporated of	r Qualifed			<u></u>
21	• · · · · · · · · · · · · · · · · · · ·	26				11/17/1988			1 14	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-2937641			_ 	plied For t Applicable
City & State		City & State		-		00 2001041			\$8.75 A	
23	•	28				5. Certifcate of Status	Desired		Fee Re	
Zip	Country	Zip	Country	/		6. Election Campaign	-		\$5.00 Added to	•
24	25	29 Appletored Appet	30			Trust Fund Contribution 10. Name and Addres		egistered A		o rees
	9. Name and Address of Curre	eur Kedistelea Adeur	81	Name		Name and Address	3 01 110 11 11	giotoroa		
TENBUS, I	KRISTY		82	Street	Address	s (P.O. Box Number is I	lot Acceptal	ble)		ш.
1292 TIMB	BERLANE ROAD		83	,						
TALLAHAS	SSEE FL 32312		63	'						
			84	City				FL	85 Zip 0	Code
office or n	to the provisions of Sections 617.05 registered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida. Such change was a	iuthorized by	the corp	oration's	s board of directors. I he	reby accep	t the appoir	ntment as re	gistered
SIGNATURE					nequired wh	nen reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	Registered Age		required wh	nen reinstating) ADDITIONS/CHANG	ES TO OFF	DATE ICERS AN	D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A		: Registered Age		T15	ADDITIONS/CHANG	ES TO OFF		D DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable. (NOTE	: Registered Age	nt signature	2:	ADDITIONS/CHANG		ICERS AN		
SIGNATURE 12.	Signature, typed or printed name of registered as OFFICERS A DS ROWELL, SANDI	gent and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	nt signature	317	ADDITIONS/CHANGES MRhea 1 DeSoto S	st, Ap	ot.#1		
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6.4 CITY-ST-ZIP TALLAHASSEE FL 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:

STREET ADDRESS 4835 HEATH DRIVE

850-487-444

CR2E037