


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90068 017 ****61.25

DOCUMENT # N29338 1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2937641 20-0038473 (see attached)				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANIGAN & ASSOCIATES, P.C. 1292 TIMBERLANE ROAD TALLAHASSEE, FL 32312				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESTER, JULIANNE		NAME	Cynthia Holmes	
STREET ADDRESS	908 LASSWADE DRIVE		STREET ADDRESS	3675 Corinth Drive	
CITY - ST - ZIP	TALLAHASSEE, FL 32312		CITY - ST - ZIP	Tallahassee, FL 32308	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMRICH, KATHIE		NAME	John Lazzara	
STREET ADDRESS	6912 HANGING VINE WAY		STREET ADDRESS	Magnolia Bldg. One, 6th Floor	
CITY - ST - ZIP	TALLAHASSEE, FL 32311		CITY - ST - ZIP	1203 Governors Sq. Blvd., Tallahassee 32301	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPP, LAUREN		NAME	Gwen Alcus	
STREET ADDRESS	2882 SADDLE BROOKE COURT		STREET ADDRESS	2924 Royal Palm Way	
CITY - ST - ZIP	TALLAHASSEE, FL 32302		CITY - ST - ZIP	Tallahassee, FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSKO, ART		NAME	Mafe Brooks	
STREET ADDRESS	1303 LEE WOOD DRIVE		STREET ADDRESS	FSU International Center	
CITY - ST - ZIP	TALLAHASSEE, FL 32312		CITY - ST - ZIP	107 S. Wildwood Dr., Tallahassee 32306	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, CURTIS B		NAME	Tab Bush	
STREET ADDRESS	3450 PACES FERRY ROAD		STREET ADDRESS	4200 Red Oak Drive	
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP	Tallahassee, FL 32311-4810	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTHOUSE, KURT		NAME	R. Scott Callen	
STREET ADDRESS	1767 HERMITAGE BLVD. #7107		STREET ADDRESS	106 E. College Ave., Suite 900	
CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP	Tallahassee, FL 32302-1819	
12. 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 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: <u>Cynthia Holmes</u> <u>Cynthia Holmes</u> <u>3/29/05</u> <u>850-681-3629</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40055571



03232005 Chg-NP CR2E037 (10/03)

ATTACHMENT
40055671

Literacy Volunteers of Leon County, Inc.

2005 Annual Report – Document # N29338 (continued)

Additional Directors:

Wanda E. Carter
119 Cadiz, #15
Tallahassee, FL 32301

N. J. Peet, Jr.
2712 Oak Park Court
Tallahassee, FL 32308-3947

Internal Revenue Service

ATTACHMENT

Date: March 21, 2005

LITERACY VOLUNTEERS OF LEON COUNTY INC
% ELLEN LAURICELLA
200 W PARK AVE
TALLAHASSEE FL 32301-7716 000

40055671
#N29338

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Sheena Wallace 31-04021
Customer Service Specialist

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

59-2937641

Dear Sir or Madam:

This is in response to your request of February 8, 2005, regarding your organization's multiple Employer Identification Numbers.

We have consolidated the two Employer Identification Numbers. The Employer Identification Number listed in the heading of this letter is the number that is assigned to your organization and is the number your organization should continue to use.

Please accept our apology for the delay in responding to your request and for any inconvenience this may have caused you or your organization.

Your organization is still exempt under section 501(c)(3) of the Code. If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Marilyn Baker

Marilyn Baker, Manager, TE/GE
Customer Account Services