


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90024 006 \*\*\*\*61.25

<b>DOCUMENT # N29338</b> 1. Entity Name LITERACY VOLUNTEERS OF LEON COUNTY, INC.					
Principal Place of Business C/O RHONDA COOPER 200 WEST PARK AVE TALLAHASSEE, FL 32301-4720 US			Mailing Address C/O RHONDA COOPER 200 WEST PARK AVE TALLAHASSEE, FL 32301-4720 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2937641	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANIGAN & ASSOCIATES, P.C. 4292 TIMBERLANE ROAD TALLAHASSEE, FL 32312				Name Street Address (P.O. Box Number is Not Acceptable) 2630 Centennial Place City FL Zip Code 32308	
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEET, N.J. J JR 2712 OAK PARK CT TALLAHASSEE, FL 323083947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Williams, Nikita 4412 Anastasia Ct. Tallahassee, FL 32305
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMRICH, KATHIE 6912 HANGING VINE WAY TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lazzara, John 329 Meadow Ridge Dr. Tallahassee, FL 32312
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, TAB 4200 RED OAK DRIVE TALLAHASSEE, FL 323114810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carter, Wanda-E. 119 Cadiz, #15 Tallahassee, FL 32301
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALCUS, GWEN 2924 ROYAL PALM WAY TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chokhawala, Geeta 2209 Demeron Rd. Tallahassee, FL 32308
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILMER, BEV 190 CORPORATE CT QUINCY, FL 32315	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stone, Pamela D. 8059 Longmeadow Dr. Tallahassee, FL 32312
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Johnnie 9061 Old Chemonie Rd. Tallahassee, FL 32309
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>N. J. Peet, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <u>3/25/08</u> Daytime Phone # <u>250.606.7644</u>	

N. J. Peet, Jr. - President