

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 # **N33576** (2)

1. Corporation Name

LITERACY VOLUNTEERS OF AMERICA, LEE COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

**12734 KENWOOD LN STE 38
FORT MYERS FL 33907**

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FORT MYERS FL 33907**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1989		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 65-0106803		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25 Lee		29		30 Lee	

9. Name and Address of Current Registered Agent

**MINAHAN ROBERT
12734 KENWOOD LANE SUITE 38
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81	Name	Lyle D. Smith	
82	Street Address (P.O. Box Number is Not Acceptable)	12734 Kenwood Lane Suite 38	
83	City	Fort Myers, Fl. 33907	
84	City	FL	85 Zip Code 33907

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 **Lyle D. Smith**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	MINAHAN, ROBERT	1.2 NAME	Smith Lyle D.
STREET ADDRESS	517 BAYSIDE DR.	1.3 STREET ADDRESS	6239 Briarwood Terrace
CITY-ST-ZIP	FT. MYERS FL 33919	1.4 CITY-ST-ZIP	Fort Myers, Fl. 33912
TITLE	PD	2.1 TITLE	Morrow Joanne
NAME	GILLEN, TED	2.2 NAME	3462 Hancock Bridge Parkway #216
STREET ADDRESS	19795 FRENCHMAN'S COURT	2.3 STREET ADDRESS	N. Fort Myers, Fl. 33903
CITY-ST-ZIP	N. FT. MYERS FL 33903	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	Kartheiser Deborah
NAME	KLEIST, ELEANORE	3.2 NAME	17404 Homewood Rd.
STREET ADDRESS	758 CAPE VIEW DR	3.3 STREET ADDRESS	Fort Myers, Fl. 33912
CITY-ST-ZIP	FORT MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Robert Shormley
NAME	KARNER, MAGGIE	4.2 NAME	3324 Clubview Drive
STREET ADDRESS	552 KEENAN AVE.	4.3 STREET ADDRESS	N. Fort Myers, Fl. 33917
CITY-ST-ZIP	FT. MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	Tyrer John L.
NAME	SMALL, SANDY	5.2 NAME	1353 Kingswood Ct.
STREET ADDRESS	2050 LEE STREET	5.3 STREET ADDRESS	Fort Myers, Fl. 33919
CITY-ST-ZIP	FT. MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LADY, MARYANN	6.2 NAME	
STREET ADDRESS	1862 WHITECAP CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33903	6.4 CITY-ST-ZIP	

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: **Lyle D. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-96

Date

941-482-5409

Daytime Phone #

CR2E037 (12/95)