


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33576** (2)  
1. Corporation Name  
**LITERACY VOLUNTEERS OF AMERICA, LEE COUNTY, FLORIDA, INC.**

Principal Place of Business <b>12734 KENWOOD LN STE 38 FORT MYERS FL 33907</b>	Mailing Address <b>12734 KENWOOD LN STE 38 FORT MYERS FL 33907</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified  
**08/02/1989**

4. FEI Number <b>65-0106803</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, LYLE D  
12734 KENWOOD LANE  
SUITE 38  
FT MYERS FL 33907**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<input type="checkbox"/> DELETE
NAME	<b>TD SMITH, LYLE D</b>
STREET ADDRESS	<b>6239 BRIARWOOD TERRACE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PD GILLEN, TED</b>
STREET ADDRESS	<b>19795 FRENCHMAN'S COURT</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL 33903</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD KLEIST, ELEANORE</b>
STREET ADDRESS	<b>758 CAPE VIEW DR</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D GHORMLEY, ROBERT E</b>
STREET ADDRESS	<b>3324 CLUBVIEW DRIVE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D TYRER, JOHN L</b>
STREET ADDRESS	<b>1353 KINGSWOOD CT</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD LADY, MARYANN</b>
STREET ADDRESS	<b>1862 WHITECAP CIRCLE</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b><del>Harlan Connie</del></b>
1.3 STREET ADDRESS	<b>Harlan Connie</b>
1.4 CITY-ST-ZIP	<b>11811 Home Ave. Fort Myers Beach, FL 33931</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D French Frederick</b>
2.3 STREET ADDRESS	<b>1739 SE. 39th Terrace</b>
2.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PD Kleist Eleanore</b>
3.3 STREET ADDRESS	<b>758 Cape View Drive</b>
3.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Haines Sharon</b>
4.3 STREET ADDRESS	<b>1469 Covington Circle West</b>
4.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DD Klaesske Donna</b>
5.3 STREET ADDRESS	<b>3405 SW. Pelican Blvd.</b>
5.4 CITY-ST-ZIP	<b>Cape Coral FL 33914</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VD Thomas Julius O. Jr.</b>
6.3 STREET ADDRESS	<b>8133 Breton Circle</b>
6.4 CITY-ST-ZIP	<b>Fort Myers FL 33912</b>

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.

SIGNATURE: **Lyle D. Smith** 1-6-98 278-4400

CR2E037 (10/97)