

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 # N37964 (6)

1. Corporation Name

**PROJECT LITERACY U.S. (PLUS) - LEON COUNTY TASK
FORCE, INC.**

Principal Place of Business

**MARY ANN TWYFORD
10150 BUCK POINT RD
TALLAHASSEE FL 32312-3709**

Mailing Address

**MARY ANN TWYFORD
10150 BUCK POINT RD
TALLAHASSEE FL 32312-3709**



3. Date Incorporated or Qualified

04/30/1990

3a. Date of Last Report

12/18/1995

4. FEI Number

59-3018865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TWYFORD, MARY ANN
10150 BUCK POINT ROAD
TALLAHASSEE FL 32312-3709**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **VIGUE, CHERYL**
STREET ADDRESS **2597 BRENTSHIRE DR**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **SD** ☐ DELETE

NAME **LAURICELLA, ELLEN**
STREET ADDRESS **200 W. PARK AV.**
CITY - ST - ZIP **TALLAHASSEE FL 32301**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **DV** ☐ DELETE

NAME **SUTHERLAND, LORI**
STREET ADDRESS **2825 ROSCOMMON DR.**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **DT** ☐ DELETE

NAME **TWYFORD, MARY ANN**
STREET ADDRESS **10150 BUCK POINT RD**
CITY - ST - ZIP **TALLAHASSEE FL 32312**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **D** ☐ DELETE

NAME **CARUTHERS, SYLVIA**
STREET ADDRESS **3701 FOXFORD CIRCLE**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **D** ☐ DELETE

NAME **DIXON, CAROLYN**
STREET ADDRESS **723 W. ORANGE AV.**
CITY - ST - ZIP **TALLAHASSEE FL 32310**

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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: *Mary Ann Twyford* *Mary Ann Twyford* **6-15-96 904-893-1977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)