

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

59 SEP -3 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1998-1999

DOCUMENT # N37964

1. Corporation Name

Project Literacy U.S. (PLUS)-Leon County
Task Force, Inc.

Principal Place of Business

Mailing Address

2597 Brentshire Dr.
Tallahassee FL 32303

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

Applied For

22. City & State

27. City & State

59-3018865

Not Applicable

23. Zip

Country

28. Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24. Zip

Country

29. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Twiford, Mary Ann
10150 Buck Point Road
Tallahassee FL 32312-3709

61. Name

Vigue, Cheryl

FF# 102.50

62. Street Address (P.O. Box Number is Not Applicable)

2597 Brentshire Dr.

63. City

Tallahassee

FL

65. Zip Code

32303

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 Cheryl A. Vigue President

9-1-99

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 ☐ DELETE

1.1 TITLE

See attached

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.5 TITLE

☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-STATE-ZIP

6.8 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE: Cheryl A. Vigue

9-1-99

850-862-6332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

②

TITLE: DP NAME: VIGUE, CHERYL
 2597 BRENTSHIRE DR
 TALLAHASSEE, FL 32303 ✓

TITLE: SD NAME: LAURICELLA, ELLEN
 200 W. PARK AV.
 TALLAHASSEE, FL 32301

TITLE: DV NAME: SUTHERLAND, LORI
 2825 ROSCOMMON DR.
 TALLAHASSEE, FL 32308

TITLE: DT NAME: TWYFORD, MARY ANN
 10150 BUCK POINT RD
 TALLAHASSEE, FL 32312

TITLE: D NAME: CARUTHERS, SYLVIA
 3701 FOXFORD CIRCLE
 TALLAHASSEE, FL 32308

TITLE: D NAME: DIXON, CAROLYN
 723 W. ORANGE AV.
 TALLHASSEE, FL 32310



**PLUS-PROJECT LITERACY U.S.
Leon County Task Force, Inc.**

2597 Brentshire Dr. Tallahassee FL 32303

③

September 1, 1999

To Whom it May Concern:

Project Literacy U. S. (PLUS)-Leon County Task Force, Inc. did not receive the Nonprofit Corporation Annual Report form for 1998. The information filed in 1997 would have been correct on the 1998 form. We regret the error in filing.

Sincerely,

Cheryl A. Vigue

Cheryl A. Vigue
President PLUS