

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44191

(7)

1. Corporation Name

LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ES  
CAMBIA COUNTY

Principal Place of Business

C/O WAYNE P. WILLIS  
801 NORTH 12TH AVENUE  
PENSACOLA FL 32501

Mailing Address

C/O WAYNE P. WILLIS  
801 NORTH 12TH AVENUE  
PENSACOLA FL 32501



3. Date Incorporated or Qualified  
06/19/1991

3a. Date of Last Report  
05/01/1995

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

WILLIS, WAYNE P.  
801 NORTH 12TH AVENUE  
PENSACOLA FL 32501

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: N 12

TITLE P  
NAME REZEK, TOM (DR)  
STREET ADDRESS 30 EAST TEXAR  
CITY- ST- ZIP PENSACOLA FL

☐ DELETE

1.1 TITLE D  
1.2 NAME Pilcher, Peggy  
1.3 STREET ADDRESS 30 East Texar Drive  
1.4 CITY- ST- ZIP Pensacola, Florida 32503

☐ Change

☒ Addition

TITLE D  
NAME HARDIN, KENDALL  
STREET ADDRESS 1100 UNIVERSITY PKWY  
CITY- ST- ZIP PENSACOLA FL

☒ DELETE

2.1 TITLE D  
2.2 NAME Kildrow, Dianne  
2.3 STREET ADDRESS 1250 East Texar Drive  
2.4 CITY- ST- ZIP Pensacola, Florida 32503

☐ Change

☒ Addition

TITLE D  
NAME BOWYER, ANN-MARIE  
STREET ADDRESS 1174 SUNSET LANE  
CITY- ST- ZIP GULF BREEZE FL 32561

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE D  
NAME THOMAS, CAROL  
STREET ADDRESS 101 E. ROMANO ST.  
CITY- ST- ZIP PENSACOLA FL 32501

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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:

*Thomas W. Rezek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)