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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44191** (7)

1. Corporation Name

**LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ES
CAMBIA COUNTY**

Principal Place of Business

Mailing Address

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

C/O WAYNE P. WILLIS
801 NORTH 12TH AVENUE
PENSACOLA FL 32501-3302

3. Date Incorporated or Qualified
06/19/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number
59-2741395

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

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 obligation of Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PILCHER, PEGGY**
STREET ADDRESS **30 EAST TEXAR DR**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **JOE Cardwell**
2.3 STREET ADDRESS **30 East Texar Dr.**
2.4 CITY-ST-ZIP **Pens. FL. 32503**

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Sandra Ward**
3.3 STREET ADDRESS **700 S. Raleigh St.**
3.4 CITY-ST-ZIP **Pens. FL. 32501**

TITLE **D** ☒ DELETE
NAME **KILDROW, DIANNE**
STREET ADDRESS **1250 EAST TEXAR DR**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Phillipa Cudahy**
4.3 STREET ADDRESS **30 East Texar Dr.**
4.4 CITY-ST-ZIP **Pens. FL. 32503**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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:

[Signature]
SIGNATURE REQUIRED

4-27-98 (850) 469-5646

CR2E037 (9/96)