

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44191**

1. Entity Name

LITERACY VOLUNTEERS OF AMERICA INCORPORATED - ES

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90096 037 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2741395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Wayne P. Willis* _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	REZEK, TOM (DR)
STREET ADDRESS	30 EAST TEXAR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> Delete
NAME	COSTA, LISA
STREET ADDRESS	400 TEDDER RD
CITY-ST-ZIP	CENTURY FL 32535
TITLE	D <input type="checkbox"/> Delete
NAME	SANTOS, SANDRA G
STREET ADDRESS	30 E TEXAR ST
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	D <input type="checkbox"/> Delete
NAME	CUTRONE, FRANK
STREET ADDRESS	8504 PUNTA LORA
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	D <input type="checkbox"/> Delete
NAME	NEWTON, CONNIE
STREET ADDRESS	213 S ALCANIZ
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne P. Willis* _____ DATE 4-25-00 DAYTIME PHONE # (850) 434-7639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)