

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N44191

1. Entity Name
**LITERACY VOLUNTEERS OF AMERICA INCORPORATED
- ESCAROSA**



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**



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REZEK, TOM (DR) 30 EAST TEXAR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRIS, KEVIN R 5613 DORIS ST MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, SANDRA G 30 E TEXAR ST PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTRONE, FRANK 8504 PUNTA LORA PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISING, MADGE 311 HERNEY AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILGEN, VICTORIA 3285 BERMUDA CR. PENSACOLA, FL 32503

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05/05/05-80127-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #