

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90065 047 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2741395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

Wayne P. Willis

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

(NOTE: Registered Agent signature required when reinstating)

1-17-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **REZEK, TOM (DR)**
STREET ADDRESS **30 EAST TEXAS 1310 N. 65th Ave**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** ☒ Delete
NAME **BURRIS, KEVIN R**
STREET ADDRESS **5613 DORIS ST**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Delete
NAME **SANTOS, SANDRA G**
STREET ADDRESS **30 E TEXAS ST 1310 N. 65th Ave.**
CITY-ST-ZIP **PENSACOLA FL 32504 32501**

TITLE **D** ☐ Delete
NAME **CUTRONE, FRANK**
STREET ADDRESS **8504 PUNTA LORA**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **REISING, MADGE**
STREET ADDRESS **311 HERNEY AVE.**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete
NAME **KILGEN, VICTORIA**
STREET ADDRESS **3285 BERMUDA CR.**
CITY-ST-ZIP **PENSACOLA FL 32503**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Pamela Ryland**
STREET ADDRESS **1310 N 65th Ave**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Sandra G. Santos

2/1/06

**850-453-3221
X-233**