

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49840

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: LITERACY FLORIDA, INC.

## Current Principal Place of Business:

2925 OPTIMIST DR  
STE A  
MARIANNA, FL 32448 US

## New Principal Place of Business:

## Current Mailing Address:

2925 OPTIMIST DRIVE  
SUITE A  
MARIANNA, FL 32448

## New Mailing Address:

2925 OPTIMIST DR  
STE A  
MARIANNA, FL 32448 US

FEI Number: 59-2974070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWAFFORD, ELSIE L TRES  
2925 OPTIMIST DRIVE  
STE. 14  
MARIANNA, FL 32448 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEWELL, SANDRA  
Address: 573 STONEHOUSE RD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: V ( ) Delete  
Name: DEMORANVILLE, JOSES  
Address: 8811 CAVENDER DR  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete  
Name: SWAFFORD, ELSIE L  
Address: 2925 OPTIMIST DRIVE  
City-St-Zip: MARIANNA, FL 32448

Title: S ( ) Delete  
Name: NORVELL, GLENDA  
Address: 3817 TALLAVANA TRL  
City-St-Zip: HAVANA, FL 32333

Title: PP ( ) Delete  
Name: WILDER, JIM  
Address: 2981 LOOKOUT BLVD S  
City-St-Zip: PORT SAINT LUCIE, FL 34399

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSIE SWAFFORD

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date