


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000001736		
1. Entity Name LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.		


Principal Place of Business WASHI-HOLMES TECH CENTER 757 HOYT ST CHIPLEY, FL 32428 US	Mailing Address P.O. BOX 701 CHIPLEY, FL 32428-0701 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 OCT 12 PM 1:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

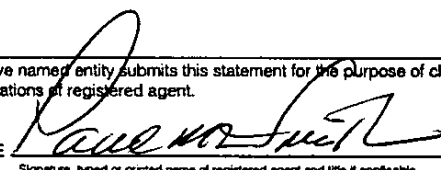


10102005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-2892850	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		7. Name and Address of New Registered Agent	
SMITH, PAUL 1583 SOUTH BLVD CHIPLEY, FL 32428		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.

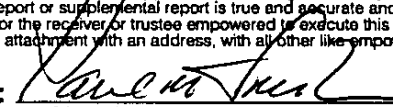
SIGNATURE  DATE **10/10/05**

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

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, PAT	NAME	000060548600
STREET ADDRESS	3379 PATE POND RD	STREET ADDRESS	10/12/05--01049--009 **236.25
CITY-ST-ZIP	VERNON, FL 32462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVENDER, JEANNE	NAME	
STREET ADDRESS	PO BOX 236	STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY, FL 32428	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DOROTHY	NAME	10/10/05
STREET ADDRESS	1232 SOUTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY, FL 32428	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGRAM, ELAINE	NAME	
STREET ADDRESS	520 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY, FL 32428	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GENEVELYN	NAME	
STREET ADDRESS	PO BOX 30	STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY, FL 32428	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PAUL	NAME	
STREET ADDRESS	1583 SOUTH BLVD	STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY, FL 32428	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:  DATE **10/10/05** (880) 638-1063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR