

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90109 011 \*\*\*\*\*61.25

**DOCUMENT # N98000001962**

1. Entity Name

**LITERACY VOLUNTEERS OF GADSDEN COUNTY, INC.**



Principal Place of Business

**341 E JEFFERSON ST  
QUINCY FL 32351**

Mailing Address

**341 E JEFFERSON ST  
QUINCY FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3502561**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ODAHOWSKI, KRIS  
341 E JEFFERSON ST  
QUINCY FL 32351**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEES \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **DUPONT, ALICE**  
STREET ADDRESS **404 S STEWART ST**  
CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **VD** ☐ Delete  
NAME **HARTMAN, ANNA M**  
STREET ADDRESS **155 PARADISE ROAD**  
CITY-ST-ZIP **HAVANA FL 32333**

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

TITLE **TD** ☒ Delete  
NAME **HARRIS, IRENE**  
STREET ADDRESS **363 LINCOLN DR**  
CITY-ST-ZIP **CHATTAHOOCHEE FL 32324**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Rachael Tilcock**  
STREET ADDRESS **175 Hopkins Landing Rd**  
CITY-ST-ZIP **Quincy, FL 32351**

TITLE **D** ☐ Delete  
NAME **CROSS, SANDRA**  
STREET ADDRESS **500 FOREST DRIVE**  
CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **D** ☒ Delete  
NAME **BANKS, EARL**  
STREET ADDRESS **362 E. KING STREET**  
CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **SD** ☐ Delete  
NAME **ODAHOWSKI, KRIS**  
STREET ADDRESS **341 E. JEFFERSON STREET**  
CITY-ST-ZIP **QUINCY FL 32351**

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 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:

*Rachael Tilcock* **SIGNED**

**3/21/03 (850) 893-8418**

CR2E037 (10/02)