#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734110** 

Entity Name: LITERACY SERVICES OF INDIAN RIVER COUNTY, INC.

FILED Apr 05, 2024 Secretary of State 5531793546CC

## **Current Principal Place of Business:**

1600 21ST STREET VERO BEACH, FL 32960

# **Current Mailing Address:**

1600 21ST STREET VERO BEACH, FL 32960

FEI Number: 59-1987210 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

MAITLAND, SHANNON 1600 21ST STREET VERO BEACH, FL 32960 US

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: SHANNON MAITLAND 04/05/2024

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title BOARD CHAIRPERSON Title DIRECTOR

NameHITT, JOANNNameBENNOUNA, SAMIAAddress1600 21ST STREETAddress1600 21ST STREETCity-State-Zip:VERO BEACH FL 32960City-State-Zip:VERO BEACH FL 32960

Title DIRECTOR Title DIRECTOR

NameJONES, KENTNameSTENGEL, LORNAAddress1600 21ST STREETAddress1600 21ST STREETCity-State-Zip:VERO BEACH FL 32960City-State-Zip:VERO BEACH FL 32960

Title DIRECTOR Title DIRECTOR

NameMALITS, KARENNameSTEINKRAUSS, CHRISAddress1600 21ST STREETAddress1600 21ST STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR Title DIRECTOR KANAREK, PAUL Name ABOLLO, JOE Name 1600 21ST STREET Address **1600 21ST STREET** Address City-State-Zip: VERO BEACH FL 32960 VERO BEACH FL 32960 City-State-Zip:

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I hereby 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 all other like empowered.

SIGNATURE: SHANNON MAITLAND EXECUTIVE DIRECTOR 04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title VP, DIRECTOR Title DIRECTOR

NameMUSSELMAN, JOHNNameLOCKE, CPA, CHRISAddress1600 21ST STREETAddress1600 21ST STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR Title DIRECTOR

NameMICHAELS, LAURENNameBRUCE, NICKAddress1600 21ST STREETAddress1600 21ST STREET

Address 1600 21ST STREET Address 1600 21ST STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title EXECUTIVE DIRECTOR
Name MAITLAND, SHANNON

City-State-Zip: VERO BEACH FL 32960

1600 21ST STREET

Address