

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011428

**FILED**  
**Apr 26, 2026**  
**Secretary of State**  
**8213335397CC**

**Entity Name:** THE OPTIMUS LITERACY INSTITUTE OF AMERICA, INCORPORATED

**Current Principal Place of Business:**

10952 COPPER HILL DR.  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O. BOX 23334  
MANDARIN, FL 32241 US

**FEI Number:** 37-1576989

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VAUGHN-MALPRESS, KATHI M  
10952 COPPER HILL DR.  
JACKSONVILLE, FL 32218 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name VAUGHN-MALPRESS, KATHI M  
Address P.O. BOX 23334  
City-State-Zip: MANDARIN FL 32241

Title EXECUTIVE DIRECTOR  
Name SEYMORE, WILLIAM  
Address 11136 LORTHMORE ROAD  
City-State-Zip: JACKSONVILLE FL 32221

Title ADMINISTRATIVE ASSISTANT  
Name BROWN, DANIELLE BLANKS  
Address 11306 HENDON DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name MIMS, VERNARD  
Address 4131 WOODLEY CREEK ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title COMPTROLLER  
Name JACOBSON, DAYSI ESQ.  
Address P.O. BOX 23334  
City-State-Zip: MANDARIN FL 32241

Title EXECUTIVE SECRETARY  
Name FREDERICKS, SHAWNIRELL  
Address 10952 COPPER HILL DR  
City-State-Zip: JACKSONVILLE FL 32218

Title COO  
Name GISONNI, JENNIFER BILLINGTON  
Address P.O. BOX 23334  
City-State-Zip: MANDARIN FL 32241

Title EXECUTIVE DIRECTOR OF PROGRAMS  
Name BORLAND-GIBBS, KIMBERLEE  
Address P.O. BOX 23334  
City-State-Zip: MANDARIN FL 32241

*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:** KATHI VAUGHN-MALPRESS

**PRESIDENT CEO**

**04/26/2026**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date