

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29338

**Entity Name:** LITERACY VOLUNTEERS OF LEON COUNTY, INC.**Current Principal Place of Business:**C/O RHONDA COOPER  
200 WEST PARK AVE  
TALLAHASSEE, FL 32301-4720**Current Mailing Address:**C/O RHONDA COOPER  
200 WEST PARK AVE  
TALLAHASSEE, FL 32301-4720 US**FEI Number:** 59-2937641**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANIGAN & ASSOCIATES, P.C.  
2630 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 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	DIRECTOR
Name	ANDERSON, AMELIA
Address	1532 MYRTLE DRIVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	MONTAZERI, EBRAHIM
Address	1950 N. POINT BLVD. APT. #414
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	PIERRE, NATHALIE
Address	643 ARBOR STATION LANE #104
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	WILLIAMS, HANNAH
Address	1360D DORADO DRIVE APT. B
City-State-Zip:	TALLAHASSEE FL 32304

Title	DIRECTOR
Name	YOUNG, MARY PENELOPE
Address	1630 BRANCH ST.
City-State-Zip:	TALLAHASSEE FL 32303

Title	PRESIDENT
Name	CLARK, BARBARA
Address	603 EAST CALL STREET #603
City-State-Zip:	TALLAHASSEE FL 32301

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:** BARBARA CLARK**PRESIDENT****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date