

**2017 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            PRESIDENT, DIRECTOR  
Name            GOODMAN, TOBI  
Address        2523 STONEHOUSE COURT  
City-State-Zip: TALLAHASSEE FL 32301

Title            DIRECTOR  
Name            MCKENDRICK, WACHELL  
Address        1132 MOSSWOOD CHASE  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            WORKMAN, GALE A PHD  
Address        2520 STONE HOUSE COURT  
City-State-Zip: TALLAHASSEE FL 32301

Title            DIRECTOR  
Name            ANDERSON, AMELIA  
Address        1532 MYRTLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32301

Title            TREASURER, DIRECTOR  
Name            JANA, ASITAVA  
Address        2538 WILLIAMETTE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

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

Title            DIRECTOR  
Name            GAY, TARIQ  
Address        2932 BICYCLE ROAD  
City-State-Zip: TALLAHASSEE FL 32304

Title            DIRECTOR  
Name            LI, JUN  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

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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:** TOBI GOODMAN**PRESIDENT****03/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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