

2014 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 PD
Name GRAHAM, NIKITA
Address 4412 ANASTASIA CT.
City-State-Zip: TALLAHASSEE FL 32305

Title TD
Name KENDAL-REED, MARTIN
Address 2013 HARRIET DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title SD
Name MITCHELL, KENDRA L
Address 240 BRILEY COURT
City-State-Zip: TALLAHASSEE FL 32305

Title D
Name CARTER, WANDA E
Address 2663 FAIRMOUNT LANE
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name STRICKLAND, LARRY
Address 10143 THOUSAND OAKS CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name WILSON, JOHNNIE
Address 9061 OLD CHEMONIE RD.
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name JONES, GINNY L
Address 2531 STONE HOUSE COURT
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: NIKITA GRAHAM

PRESIDENT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date