

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

DOCUMENT# N29338

**Entity Name:** LITERACY VOLUNTEERS OF LEON COUNTY, INC.

**Current Principal Place of Business:**

535 APPELYARD  
EDUCATION CENTER  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

LITERACY VOLUNTEERS OF LEON COUNTY  
1700 N. MONROE SUITE 11-217  
TALLAHASSEE, FL 32303 US

**FEI Number:** 59-2937641

**Certificate of Status Desired:** Yes

**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            TREASURER  
Name            CLARK, CHARLIE  
Address        P.O.BOX 5093  
City-State-Zip: TALLAHASSEE FL 32314

Title            PRESIDENT  
Name            CLARK, BARBARA  
Address        2724-B VILA MILANO AVE.  
City-State-Zip: TALLAHASSEE FL 32303

Title            SECRETARY  
Name            BOUTIN, BARBARA  
Address        817 ASHLYN FOREST DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title            MEMBER  
Name            COOPER, RHONDA  
Address        1917 WAHALAW 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:** RHONDA COOPER

**MEMBER**

**04/30/2024**

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

\_\_\_\_\_  
Date