
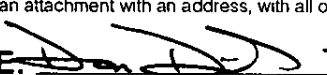


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90101 019 \*\*\*\*61.25

|   |                              |  |   |   |   |
|---|------------------------------|--|---|---|---|
| <b>DOCUMENT # N04000000301</b>  |                              |  |   |  |   |
| 1. Entity Name<br><b>SOUTH FLORIDA WRITERS ASSOCIATION, INC.</b>  |                              |  |   |   |   |
| Principal Place of Business<br><b>PO BOX 570415<br/>MIAMI FL 33257-0415</b>   |                              |  | Mailing Address<br><b>PO BOX 570415<br/>MIAMI FL 33257-0415</b> |   |   |
| 2. Principal Place of Business  |                              |  | 3. Mailing Address  |   |   |
| Suite, Apt. #, etc.   |                              |  | Suite, Apt. #, etc.   |   |   |
| City & State  |                              |  | City & State  |   |   |
| Zip   |                              |  | Country   |   | 4. FEI Number<br><b>30-0222228</b>  |
|   |                              |  |   |   | Applied For<br>Not Applicable   |
|   |                              |  |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 6. Name and Address of Current Registered Agent   |                              |  |   | 7. Name and Address of New Registered Agent                                       |   |
| <b>AIRAN, DAMODAR S<br/>1429 ALEGRAIANO AVE<br/>CORAL GABLES FL 33146</b>   |                              |  |   | Name  |   |
|   |                              |  |   | Street Address (P.O. Box Number is Not Acceptable)                                |   |
|   |                              |  |   | City  | FL Zip Code   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |                              |  |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                              |  |   |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
|   |                              |  |   | <b>Make Check Payable to Florida Department of State</b>                          |   |
| 10. OFFICERS AND DIRECTORS  |                              |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |   |
| TITLE   | D                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition   |
| NAME  | <b>DANIELS, DON</b>          |  | NAME  |   |   |
| STREET ADDRESS  | <b>8390 SW 122ND ST</b>      |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | <b>MIAMI FL 33156-5120</b>   |  | CITY-ST-ZIP   |   |   |
| TITLE   | D                            | <input checked="" type="checkbox"/> Delete                                       | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition   |
| NAME  | <b>HILL, TUCKER</b>          |  | NAME  |   |   |
| STREET ADDRESS  | <b>2165 ARCH CREEK DR</b>    |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | <b>NORTH MIAMI FL 33176</b>  |  | CITY-ST-ZIP   |   |   |
| TITLE   | D                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition   |
| NAME  | <b>BEST, MARGARET</b>        |  | NAME  |   |   |
| STREET ADDRESS  | <b>8000 SW-144 ST --</b>     |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | <b>MIAMI FL 33158-1553</b>   |  | CITY-ST-ZIP   |   |   |
| TITLE   | D                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition   |
| NAME  | <b>ZEILLER, WARREN</b>       |  | NAME  |   |   |
| STREET ADDRESS  | <b>5016 SW 72ND AVE</b>      |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | <b>MIAMI FL 33155</b>        |  | CITY-ST-ZIP   |   |   |
| TITLE   | D                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition   |
| NAME  | <b>AIRAN, DAR</b>            |  | NAME  |   |   |
| STREET ADDRESS  | <b>1429 ALEGRAIANO AVE</b>   |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | <b>CORAL GABLES FL 33146</b> |  | CITY-ST-ZIP   |   |   |
| TITLE   | D                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition   |
| NAME  | <b>WINDLE, JEANETTE</b>      |  | NAME  |   |   |
| STREET ADDRESS  | <b>10886 SW 151 PLACE</b>    |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | <b>MIAMI FL 33196</b>        |  | CITY-ST-ZIP   |   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                              |  |   |   |   |
| SIGNATURE:  <b>DON DANIELS</b>   |                              |  |   | Date: <b>4/10/05</b> Daytime Phone #: <b>(786) 877-0136</b>                       |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                              |  |   |   |   |