

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19545 (5)

1. Corporation Name

WEST FLORIDA LITERARY FEDERATION, INC.



Principal Place of Business

Mailing Address

400 S. JEFFERSON ST.
SUITE 212
PENSACOLA FL 32501-5902
US

400 S JEFFERSON ST
212
PENSACOLA FL 32501-5902
US

3. Date Incorporated or Qualified
03/05/1987

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2762779

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, SELDON
205 W. PLAZA DR.
CANTONMENT FL 32533

81 Name **Wanda M. Argersinger**
82 Street Address (P.O. Box Number is Not Acceptable) **4455 Bayou Blvd.**
83 **Suite A**
84 City **Pensacola** FL 85 Zip Code **32503**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Wanda M. Argersinger

Wanda M. Argersinger

1/25/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | PIERCE, SELDON | |
| STREET ADDRESS | 205 WEST PLAZA DR | |
| CITY-ST-ZIP | CANTONMENT FL 32533 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | OTTENHAUSEN, NELSON | |
| STREET ADDRESS | 200 PENSACOLA BEACH ROAD, #B-1 | |
| CITY-ST-ZIP | GULF BREEZE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FARLEY, MOONEAN | |
| STREET ADDRESS | 5855 TIPPIN AVE | |
| CITY-ST-ZIP | PENSACOLA FL 32504-8243 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | HILDERTH, MARGHET | |
| STREET ADDRESS | 115 WATCROSS AVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | STUART, BONNIE | |
| STREET ADDRESS | 219 ARIOLA | |
| CITY-ST-ZIP | PENSACOLA FL 32561 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FARLEY, OWEN | |
| STREET ADDRESS | 5855 TIPPIN AVE | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | |

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | OWEN FARLEY | |
| 1.3 STREET ADDRESS | 5855 TIPPIN AVE | |
| 1.4 CITY-ST-ZIP | PENSACOLA FL 32504 | |
| 2.1 TITLE | D/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Hildath, Marghet | |
| 2.3 STREET ADDRESS | 115 Watcross Ave | |
| 2.4 CITY-ST-ZIP | Pensacola FL 32507-2763 | |
| 3.1 TITLE | D/ | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Lynch, Michael | |
| 3.3 STREET ADDRESS | 7541 Highway 98 West # 2A | |
| 3.4 CITY-ST-ZIP | Pensacola FL 32507 | |
| 4.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | WANDA ARGERSINGER | |
| 4.3 STREET ADDRESS | 5384 HARMONY LANE | |
| 4.4 CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| 5.1 TITLE | VP/D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Cassidy, Francis | |
| 5.3 STREET ADDRESS | 9920 Noriega Drive | |
| 5.4 CITY-ST-ZIP | Pensacola FL 32514-8116 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | B.J. MILLER | |
| 6.3 STREET ADDRESS | 615 BAYSHORE DR. # 908 | |
| 6.4 CITY-ST-ZIP | PENSACOLA, FL. 32507 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B.J. Miller* (**B.J. MILLER**) **Jan. 15, 1996** (904) 453-1761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)