


2-13-97 B-1880-C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Feb 13 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19545 (5)
 1. Corporation Name
WEST FLORIDA LITERARY FEDERATION, INC.



Principal Place of Business 400 S. JEFFERSON ST. SUITE 212 PENSACOLA FL 32501-5902 US	Mailing Address 400 S JEFFERSON ST 212 PENSACOLA FL 32501-5902 US
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3. Date Incorporated or Qualified 03/05/1987	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2762779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ARGERSINGER, WANDA
 4455 BAYOU BLVD
 SUITE A
 PENSACOLA FL 32503**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARLEY, OWEN		1.2 NAME	
STREET ADDRESS 5855 TIPPIN AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILDRETH, MARGRET		2.2 NAME Hildreth, Margret	
STREET ADDRESS 115 WATCROSS AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LYNCH, MICHAEL		3.2 NAME Farley, mooneen	
STREET ADDRESS 7591 HIGHWAY 98 WEST # 2A		3.3 STREET ADDRESS 5855 Tippin Ave	
CITY-ST-ZIP PENSACOLA FL		3.4 CITY-ST-ZIP Pensacola FL 32504	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARGERSINGER, WANDA		4.2 NAME	
STREET ADDRESS 5384 HARMONY LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP GULF BREEZE FL		4.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASSIDY, FRANCIS		5.2 NAME	
STREET ADDRESS 9920 NORYE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, B J		6.2 NAME Stuart, Bonnie	
STREET ADDRESS 615 BAYSHORE DR #908		6.3 STREET ADDRESS 219 Ariola Drive	
CITY-ST-ZIP PENSACOLA FL		6.4 CITY-ST-ZIP Pensacola Beach FL 32561	

14. I do 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 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: _____ DATE: **2/10/97** DEVICE: **435-0942**

CR2E037 (9/96)