

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>400 S. JEFFERSON ST. SUITE 212 PENSACOLA FL 32501-5902 US</b>	Mailing Address <b>400 S JEFFERSON ST 212 PENSACOLA FL 32501-5902 US</b>
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3. Date Incorporated or Qualified <b>03/05/1987</b>		
4. FEI Number <b>59-2762779</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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 **RON EVANS**  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **PENSACOLA** FL 85. Zip Code **32507**

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. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: *[Signature]* DATE: **29 JAN 98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD FARLEY, OWEN 5855 TIPPIN AVE PENSACOLA FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS HILDRETH, MARGRET 115 WATCROSS AVE PENSACOLA FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD FARLEY, MOONEEN 585 TIPPIN AVE PENSACOLA FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD ARGERSINGER, WANDA 5384 HARMONY LANE GULF BREEZE FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD CASSIDY, FRANCIS 9920 NORYE DR PENSACOLA FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD STUART, BONNYE 219 ARIOLA DR PENSACOLA FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PRESIDENT D RON EVANS 825 BAYSHORE PENSACOLA, FL 32507</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VICE PRESIDENT D MIKE LUNCH 1956 CORAL ISLAND ROAD PENSACOLA, FL 32506</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VICE PRESIDENT D KATHRYN MASON 7230 WILLOWSIDE CIRCLE PENSACOLA, FL 32506</b>

14. 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 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 an officer 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 in Block 14 if attached with an address.

SIGNATURE: *[Signature]* DATE: **29 Jan 98 (850) 432-0942**

CR2E037 (10/97)