

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # *N19545*

1. Corporation Name
WEST FLORIDA LITERARY FEDERATION, INC.

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| Principal Place of Business 400 S. Jefferson St. Suite 212 Pensacola, FL 32501-5902 | Mailing Address SAME |
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| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified March 1987 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2762779 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent Ron Evan 825 Bayshore Pensacola, FL 32507 | 10. Name and Address of New Registered Agent 81 Name Margret Hildreth 82 Street Address (P.O. Box Number is Not Acceptable) 115 Waycross Avenue 83 84 City Pensacola FL 85 Zip Code 32507 |
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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 *Margret Hildreth* **Margret Hildreth, Resident Agent** **3/16/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|--|
| TITLE P/D | <input checked="" type="checkbox"/> DELETE | 11 TITLE P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Ron Evan | | 12 NAME Margret Hildreth | |
| STREET ADDRESS 825 Bayshore | | 13 STREET ADDRESS 115 Waycross Avenue | |
| CITY-ST-ZIP Pensacola, FL 32507 | | 14 CITY-ST-ZIP Pensacola, FL 32507 | |
| TITLE VP/D | <input checked="" type="checkbox"/> DELETE | 21 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Kathryn Mason | | 22 NAME Mike Racine | |
| STREET ADDRESS 7230 Willowside Circle | | 23 STREET ADDRESS 6007 Robin Road | |
| CITY-ST-ZIP Pensacola, FL 32506 | | 24 CITY-ST-ZIP Crestview, FL 32539 | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 32 NAME Rita S. Rone | |
| STREET ADDRESS | | 33 STREET ADDRESS 2704 Sunrunner Lane | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP Gulf Breeze, FL 32561 | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 42 NAME Jere Fren | |
| STREET ADDRESS | | 43 STREET ADDRESS 2738 Sunrunner | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP Gulf Breeze, FL 32561 | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 52 NAME Sara Sawyer | |
| STREET ADDRESS | | 53 STREET ADDRESS 3437 Riverside Drive | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP Pensacola, FL 32504 | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 62 NAME Barbara Wall | |
| STREET ADDRESS | | 63 STREET ADDRESS 16300 Perdido Key Dr., #14 | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP Pensacola, FL 32507 | |

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 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, with all other like empowered.

SIGNATURE: *Margret Hildreth* **Margret Hildreth** **3/16/99** (850) 595-6318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)