


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>N19545</u>					
1. Corporation Name <b>WEST FLORIDA LITERARY FEDERATION, INC.</b>					
Principal Place of Business <b>400 S. Jefferson St. Suite 212 Pensacola, FL 32501-5902</b>			Mailing Address <b>SAME</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>March 1987</b>	
22 City & State		27 City & State		4. FEI Number <b>59-2762779</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>Ron Evan 825 Bayshore Pensacola, FL 32507</b>				10. Name and Address of New Registered Agent 81 Name <b>Margret Hildreth</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>115 Waycross Avenue</b> 83 84 City <b>Pensacola</b> <b>FL</b> 85 Zip Code <b>32507</b>	
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 is 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 <u>Margret Hildreth</u> <b>Margret Hildreth, Resident Agent</b> <b>3/16/99</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE <input checked="" type="checkbox"/> DELETE NAME <b>P/D Ron Evan</b> STREET ADDRESS <b>825 Bayshore</b> CITY-ST-ZIP <b>Pensacola, FL 32507</b>			11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>Margret Hildreth</b> 13 STREET ADDRESS <b>115 Waycross Avenue</b> 14 CITY-ST-ZIP <b>Pensacola, FL 32507</b>		
15 TITLE <input checked="" type="checkbox"/> DELETE NAME <b>VP/D Kathryn Mason</b> STREET ADDRESS <b>7230 Willowside Circle</b> CITY-ST-ZIP <b>Pensacola, FL 32506</b>			21 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME <b>D Mike Racine</b> 23 STREET ADDRESS <b>6007 Robin Road</b> 24 CITY-ST-ZIP <b>Crestview, FL 32539</b>		
16 TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>Rita S. Rone</b> CITY-ST-ZIP <b>2704 Sunrunner Lane</b>			31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME <b>D</b> 33 STREET ADDRESS <b>Gulf Breeze, FL 32561</b> 34 CITY-ST-ZIP <b>D</b>		
17 TITLE <input type="checkbox"/> DELETE NAME <b>Jere Fren</b> STREET ADDRESS <b>2738 Sunrunner</b> CITY-ST-ZIP <b>Gulf Breeze, FL 32561</b>			41 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 NAME <b>D</b> 43 STREET ADDRESS <b>Sara Sawyer</b> 44 CITY-ST-ZIP <b>3437 Riverside Drive</b>		
18 TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>Barbara Wall</b> CITY-ST-ZIP <b>16300 Perdido Key Dr., #14</b>			51 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 52 NAME <b>D</b> 53 STREET ADDRESS <b>Pensacola, FL 32504</b> 54 CITY-ST-ZIP <b>D</b>		
19 TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>Barbara Wall</b> CITY-ST-ZIP <b>16300 Perdido Key Dr., #14</b>			61 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 62 NAME <b>D</b> 63 STREET ADDRESS <b>Pensacola, FL 32507</b> 64 CITY-ST-ZIP <b>D</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 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 (1/98)