

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2004
Secretary of State**

DOCUMENT# N31764

Entity Name: THE FLORIDA LITERARY FOUNDATION, INC.

Current Principal Place of Business:

1370 6TH ST.
SUITE A
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2737
SARASOTA, FL 34235 US

New Mailing Address:

FEI Number: 65-0113881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, MICHAEL
1391 BLVD OF THE ARTS
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAVANI MARY,
Address: 1900 S BELVOIR
City-St-Zip: EUCLID, OH 44121

Title: D () Delete
Name: POWERS, MICHAEL
Address: 1391 BLVD OF THE ARTS
City-St-Zip: SARASOTA, FL 34226

Title: D () Delete
Name: MARQUIS, PAUL
Address: 1323 19TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: STULTZ, MICHAEL
Address: 1323 19TH STREET
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MARQUIS

D

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date