

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31764

FILED  
Jul 13, 2005  
Secretary of State

**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:**

P. O. BOX 2737  
SARASOTA, FL 342302737 US

**Current Mailing Address:**

P. O. BOX 2737  
SARASOTA, FL 34235 US

**New Mailing Address:**

P. O. BOX 2737  
SARASOTA, FL 342302737 US

**FEI Number:** 65-0113881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

MARQUIS, PAUL  
1323 19TH ST  
SARASOTA, FL 34234 US

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: PAUL MARQUIS

07/13/2005

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: DPT (X) Change ( ) Addition  
Name: POWERS, MICHAEL  
Address: 5823 STREAM POND CT.  
City-St-Zip: CENTERVILLE, VA 20120

Title: DVPS (X) Change ( ) Addition  
Name: SAVANI, MARY  
Address: 1900 S BELVOIR BLVD  
City-St-Zip: S. EUCLID, OH 44121

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: MICHAEL POWERS

DPT

07/13/2005

Electronic Signature of Signing Officer or Director

Date