

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31764

FILED
May 01, 2006
Secretary of State

Entity Name: THE FLORIDA LITERARY FOUNDATION, INC.

Current Principal Place of Business:

P. O. BOX 2737
SARASOTA, FL 342302737 US

New Principal Place of Business:

P. O. BOX 711612
HERNDON, VA 20171 US

Current Mailing Address:

P. O. BOX 2737
SARASOTA, FL 342302737 US

New Mailing Address:

P. O. BOX 711612
HERNDON, VA 20171 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:

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

Name and Address of New Registered Agent:

LEVIN, TANNENBAUM, BAND GATES & PUGH
1680 FRUITVILLE ROAD
SUITE 102
SARASOTA, FL 34236 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: BRADLEY D. MAGEE

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) 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: 2465 J17 CENTREVILLE RD #224
City-St-Zip: HERNDON, VA 20171

Title: DVPS (X) Change () Addition
Name: SAVANI, MARY
Address: 2465 J17 CENTREVILLE RD #224
City-St-Zip: HERNDON, VA 20171

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 Chapter 119, 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

05/01/2006

Electronic Signature of Signing Officer or Director

Date