

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90218 039 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000000131

1. Corporation Name

THE RICHARD WILBUR SOCIETY, INC.

Principal Place of Business

LETTERS COLLEGIUM - ECKERD COLLEGE  
 4200 - 54TH AVENUE SOUTH  
 ST. PETERSBURG FL 33711

Mailing Address

LETTERS COLLEGIUM - ECKERD COLLEGE  
 4200 - 54TH AVENUE SOUTH  
 ST. PETERSBURG FL 33711



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

59-3427163

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROOKER, JEWEL S PROF  
 LETTERS COLLEGIUM - ECKERD COLLEGE  
 4200 - 54TH AVENUE SOUTH  
 ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  DELETE  
 NAME BROOKER, JEWEL S  
 STREET ADDRESS 501 68TH AVE SOUTH  
 CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE VD  DELETE  
 NAME MICHELSON, BRUCE  
 STREET ADDRESS ENGLISH DPT UNIV OF ILL 608 S WRIGHT ST  
 CITY-ST-ZIP URBANA FL 61801

TITLE DST  DELETE  
 NAME SONNENBURG, PAUL  
 STREET ADDRESS 5411 CAROLINA PLACE NW  
 CITY-ST-ZIP WASHINGTON DC 20016-2525

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 employees.

SIGNATURE:

*Jewel S. Brooker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 99

727-867-6533  
 Date Daytime Phone #

CR2E037 (11/98)