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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19545 (5)

1. Corporation Name

WEST FLORIDA LITERARY FEDERATION, INC.



Principal Place of Business

Mailing Address

400 S. JEFFERSON ST.
SUITE 212
PENSACOLA FL 32501-5902
US

400 S JEFFERSON ST
212
PENSACOLA FL 32501-5902
US

3. Date Incorporated or Qualified
03/05/1987

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2762779

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARGERSINGER, WANDA
4455 BAYOU BLVD
SUITE A
PENSACOLA FL 32503

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FARLEY, OWEN
STREET ADDRESS 5855 TIPPIN AVE
CITY-ST-ZIP PENSACOLA FL

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

TITLE DS
NAME HILDENTH, MARGRET
STREET ADDRESS 115 WATCROSS AVE
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE
2.2 NAME Hildreth, Margret
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME LYNCH, MICHAEL
STREET ADDRESS 7591 HIGHWAY 98 WEST # 2A
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE VP/D
3.2 NAME Farley, mooneen
3.3 STREET ADDRESS 5855 Tippin Ave
3.4 CITY-ST-ZIP Pensacola FL 32504

TITLE TD
NAME ARGERSINGER, WANDA
STREET ADDRESS 5384 HARMONY LANE
CITY-ST-ZIP GULF BREEZE FL

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

TITLE VPD
NAME CASSIDY, FRANCIS
STREET ADDRESS 9920 NORVE DR
CITY-ST-ZIP PENSACOLA FL

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

TITLE D
NAME MILLER, B J
STREET ADDRESS 815 BAYSHORE DR #908
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE S/D
6.2 NAME Stuart, Bonnie
6.3 STREET ADDRESS 219 Ariola Drive
6.4 CITY-ST-ZIP Pensacola Beach FL 32561

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

435-0942

CR2E037 (9/96)