


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90011 034 \*\*\*\*61.25

<b>DOCUMENT # N19545</b>		
1. Entity Name <b>WEST FLORIDA LITERARY FEDERATION, INC.</b>		

**50062917**

Principal Place of Business <b>400 S. JEFFERSON ST. SUITE 212 PENSACOLA FL 32501-5902 US</b>	Mailing Address <b>400 S. JEFFERSON ST. 212 PENSACOLA FL 32501-5902 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08182005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2762779</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GIBERSON, ART 1001 E MADISON DRIVE PENSACOLA, FL 32505-4661</b>	
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7. Name and Address of New Registered Agent	
Name <b>DUNLAP, CAS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>ONE PORTOFINO DR #2104</b>	
City <b>PENSACOLA BEACH</b>	FL Zip Code <b>32561</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **CAS DUNLAP** 8/19/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>DUNLAP, CAS</b>	
STREET ADDRESS <b>4300 W. FRANCISCO</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32504</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>HEFTI, JOSEPH M</b>	
STREET ADDRESS <b>7427 CAMALE DR</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32504</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BEVERLY, JACK</b>	
STREET ADDRESS <b>4012 LEESWAY CIRCLE</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32504</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>COMPTON, RANDY</b>	
STREET ADDRESS <b>1411 E JACKSON ST</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32501</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HEAD, ED W</b>	
STREET ADDRESS <b>2540 HALLMARK DR</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32503</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>GIBERSON, ART</b>	
STREET ADDRESS <b>1001 E MADISON DR</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32505</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUNLAP, CAS</b>	
STREET ADDRESS <b>ONE PORTOFINO DR #2104</b>	
CITY-ST-ZIP <b>PENSACOLA BEACH FL 32561</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEFTI, JOSEPH M</b>	
STREET ADDRESS <b>7427 CAMALE DR</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32504</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEVERLY, JACK</b>	
STREET ADDRESS <b>4012 LEESWAY CIRCLE</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32504</b>	
TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BITTERS, NANCY</b>	
STREET ADDRESS <b>5943 E. BAY BLVD.</b>	
CITY-ST-ZIP <b>GULF BRGEZE FL 32563</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DUNLAP, ANNE</b>	
STREET ADDRESS <b>ONE PORTOFINO DR #2104</b>	
CITY-ST-ZIP <b>PENSACOLA BEACH FL 32561</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CAS DUNLAP** 8/19/05 850-916-2474  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

(directors continued on next page)

# ATTACHMENT

N 19548

West Florida Literary Federation  
2005 Board of Directors  
(all are unpaid)

50062917

President: Dunlap, Cas  
One Portofino Drive #2104  
Pensacola Beach, FL 32561-2466  
850-916-2474

Vice President: Beverly, Jack  
4012 Leesway Circle  
Pensacola, FL 32504  
850-484-0589

Secretary: Hefti, Joseph  
7427 Camale Drive  
Pensacola, FL 32504-6751  
850-479-9969

Treasurer: Bitters, Nancy  
5943 E. Bay Blvd.  
Gulf Breeze, FL 32563  
850-932-4375

Director: Dunlap, Anne  
One Portofino Drive #2104  
Pensacola Beach, FL 32561-2466  
850-916-2474

Director: Edmisten, Patricia  
518 N. Baylen St.  
Pensacola, FL 32501  
850-433-1098

Director: Head, Ed  
2540 Hallmark Drive  
Pensacola, FL 32503  
850-434-3248

Director: Nelson-Born, Katherine  
5547 Harbor Oaks Drive  
Milton, FL 32583  
850-595-1127

Director: Sweeney, Charlotte  
1000 College Blvd. LCR  
Pensacola Junior College  
Pensacola, FL 32504  
850-484-2007

Director: Tew, Ron  
403 Port Royal Way  
Pensacola, FL 32501  
850-438-6490