

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28478

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** BRICKELL AVENUE LITERARY SOCIETY, INC.

**Current Principal Place of Business:**

C/O WILLIAM MURPHY  
700 BRICKELL AVENUE  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM MURPHY  
700 BRICKELL AVENUE  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 65-0079282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SACHER, CHARLES P  
2655 LEJEUNE ROAD  
SUITE 1101  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARCHMAN, RAY E JR  
Address: 520 BRICKELL KEY DRIVE PH00  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: LEWIS, MICHAEL  
Address: 710 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: KIGHT, LEILA  
Address: 801 N. VENETIAN DR, PH-D2  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S  
Name: MURPHY, WILLIAM P  
Address: 700 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: POTASH, LINDA  
Address: 2033 FISHER ISLAND  
City-St-Zip: MIAMI BEACH, FL 33109

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM P. MURPHY

SEC

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date