

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19545

Entity Name: WEST FLORIDA LITERARY FEDERATION, INC.**Current Principal Place of Business:**400 S JEFFERSON ST
SUITE 212
PENSACOLA, FL 32502-5902**Current Mailing Address:**400 S JEFFERSON ST
SUITE 212
PENSACOLA, FL 32502-5902 US**FEI Number:** 59-2762779**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBERTS, THOMAS
400 S JEFFERSON ST
SUITE 212
PENSACOLA, FL 32502-5902 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:** THOMAS ROBERTS

05/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LISA, RAWSON
Address 400 S JEFFERSON ST
 SUITE 212
City-State-Zip: PENSACOLA FL 32502-5902

Title SECRETARY
Name HOLMES, ELIZABETH
Address 400 S JEFFERSON ST
 SUITE 212
City-State-Zip: PENSACOLA FL 32502-5902

Title TREASURER
Name ROBERTS, THOMAS
Address 400 S JEFFERSON ST
 SUITE 212
City-State-Zip: PENSACOLA FL 32502-5902

Title DIRECTOR
Name CLAIRE, MASSEY
Address 400 S JEFFERSON ST
 SUITE 212
City-State-Zip: PENSACOLA FL 32502-5902

Title VP
Name HOLMES, BOB
Address 400 S JEFFERSON ST
 SUITE 212
City-State-Zip: PENSACOLA FL 32502-5902

Title DIRECTOR
Name JEANNIE, ZOKAN
Address 400 S JEFFERSON ST
 SUITE 212
City-State-Zip: PENSACOLA FL 32502-5902

Title DIRECTOR
Name STANFORD, ED
Address 400 S JEFFERSON ST
 SUITE 212
City-State-Zip: PENSACOLA FL 32502-5902

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: THOMAS ROBERTS

TREASURER

05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date