### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19545

Entity Name: WEST FLORIDA LITERARY FEDERATION, INC.

**FILED** Apr 28, 2016 **Secretary of State** CC2714447533

## **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: No

## Name and Address of Current Registered Agent:

MCGOVERN, ROBERT 400 SOUTH JEFFERSON STREET 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: ROBERT MCGOVERN 04/28/2016

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** 

Name MCGOVERN, ROBERT Name STANFORD, EDWARD 400 S. JEFFERSON ST. 400 S. JEFFERSON ST. Address Address

SUITE 212

SUITE 212

City-State-Zip: PENSACOLA FL 32502-5902 City-State-Zip: PENSACOLA FL 32502-5902

Title **SECRETARY** Title **DIRECTOR** 

Name THOMAS, JANET Name CRANE, CHAROLETTE

Address 400 S. JEFFERSON ST. Address 400 S. JEFFERSON ST. SUITE 212

SUITE 212

City-State-Zip: PENSACOLA FL 32502-5902 City-State-Zip: PENSACOLA FL 32502-5902

Title DIRECTOR Title DIRECTOR BARADELL, JOHN LEWIS, SUSAN Name Name

400 S. JEFFERSON ST. 400 S. JEFFERSON ST. Address Address

SUITE 212 **SUITE 212** 

City-State-Zip: PENSACOLA FL 32502-5902 City-State-Zip: PENSACOLA FL 32502-5902

Title ٧P Title DIRECTOR

Name TURNER, THOMAS Name WALKER, ANDREA Address

400 S. JEFFERSON ST. Address 400 S. JEFFERSON ST. SUITE 212 SUITE 212

PENSACOLA FL 32502-5902 PENSACOLA FL 32502-5902 City-State-Zip: City-State-Zip:

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.

04/28/2016 SIGNATURE: ROBERT MCGOVERN TREASURER