FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:11

DOCUMENT # 748037 (9)

1. Corporation Name
FLORIDA STATE POETS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 640387 BEVERLY HILLS FL 34464	9935 N MATSONFORD AVE DUNNELLON FL 34433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1979
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-1790844 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5235 N. Hannelore Terr	26 P.O. Box 3035
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Crystal River, Florida	City & State 28 Crystal River, Florida
Zip / Country 24 34429 / 25 Citrus	Zip / Country 29 34423 / 30 Citrus

9. Name and Address of Current Registered Agent

WALTON, CAROLINE J.
9935 N. MATSONFORD AVE.
DUNNELLON FL 34433

10. Name and Address of New Registered Agent

31 Name: TEACHWORTH, GAIL
32 Street Address (P.O. Box Number is Not Acceptable): 5235 N. Hannelore Terr.
33
34 City: Crystal River FL 35 Zip Code: 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gail Teachworth President Gail Teachworth 2/8/95
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WALTON, CAROLINE	1.2 NAME	TEACHWORTH, GAIL	
STREET ADDRESS	9935 N. MATSONFORD AVE.	1.3 STREET ADDRESS	5235 N. Hannelore Terr.	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TEACHWORTH, GAIL	2.2 NAME	SHELFORD, ROBERT	
STREET ADDRESS	5235 N. HANNELORE TERRACE	2.3 STREET ADDRESS	505 Fairfield Ave.	
CITY-ST-ZIP	CRYSTAL LAKE FL	2.4 CITY-ST-ZIP	Deland, FL 32720	
TITLE	SD	3.1 TITLE		☐ Change ☒ Addition
NAME	LATZ, ESTHER	3.2 NAME		
STREET ADDRESS	33 S. COLUMBUS ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL	3.4 CITY-ST-ZIP	34465	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BLENHEIM, ROBERT E.	4.2 NAME	McKINSTRY, LAURA	
STREET ADDRESS	380 BOYLSTON AVE.	4.3 STREET ADDRESS	1218 Thomasina Dr.	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	EASTLUND, MADELYN	5.2 NAME	WARD, COLEEN	
STREET ADDRESS	310 S. ADAMS STREET	5.3 STREET ADDRESS	955 Thompson Ct.	
CITY-ST-ZIP	BEVERLY HILLS FL	5.4 CITY-ST-ZIP	Melbourne FL 32935	
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	MARTIN, VIRGINIA	6.2 NAME		
STREET ADDRESS	1060 TAPPAN CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL	6.4 CITY-ST-ZIP	32763	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gail Teachworth Gail Teachworth 2/8/95 (904)795-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0084788