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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 748037 (9)**

1. Corporation Name

FLORIDA STATE POETS ASSOCIATION, INC.

Principal Place of Business

**5235 N. HANNELORE TERR.
CRYSTAL RIVER FL 34429
US**

Mailing Address

**P.O. BOX 3035
CRYSTAL RIVER FL 34423-3035
US**3. Date Incorporated or Qualified
07/11/19793a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**24** Country

2a. Mailing Address

25 Suite, Apt. #, etc.**26** City & State**27** Zip**28** Country

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

**TEACHWORTH, GAIL
5235 N. HANNELORE TERR.
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81 Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEACHWORTH, GAIL	
STREET ADDRESS	5235 N. HANNELORE TERR.	
CITY - ST - ZIP	CRYSTAL RIVER FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WARD, COLEEN	
STREET ADDRESS	955 THOMPSON CT	
CITY - ST - ZIP	MELBOURNE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUPPERT, FLORENCE W.	
STREET ADDRESS	401 GEORGES AVE NE	
CITY - ST - ZIP	PALM BAY FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LATZ, ESTHER	
STREET ADDRESS	33 S COLUMBUS ST	
CITY - ST - ZIP	BEVERLY HILLS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, SHARON	
STREET ADDRESS	3703 WESTMINSTER RD	
CITY - ST - ZIP	SEBRING FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, VIRGINIA	
STREET ADDRESS	1080 TAPPAN CIRCLE	
CITY - ST - ZIP	ORANGE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Palmenteri, Esther
3.4 CITY - ST - ZIP	1365 Mission Ave. Clearwater FL 34619

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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** 1/30/97 (352) 795-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064971

CR2E037 (9/96)