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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748037

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
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 955 Thompson Ct.		26 955 Thompson Ct.		07/11/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1790844	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Melbourne, FL		28 Melbourne, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 32935 25 USA		29 32935 30 USA			

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	Coleen Ward
82 Street Address (P.O. Box Number is Not Acceptable)	955 Thompson Court
83	
84 City	Melbourne FL
85 Zip Code	32935

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 Coleen Ward, Coleen Ward, President FSPA, Inc. January 18, 1999
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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEACHWORTH, GAIL	1.2 NAME	Ward, Coleen
STREET ADDRESS	5235 N. HANNELORE TERR.	1.3 STREET ADDRESS	955 Thompson Ct.
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESKER, VALERIE	2.2 NAME	
STREET ADDRESS	400 S. JEFFERSON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, COLEEN	3.2 NAME	Palozzi, John
STREET ADDRESS	955 THOMPSON CT.	3.3 STREET ADDRESS	931 South D Street
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATZ, ESTHER	4.2 NAME	Teachworth, Gail
STREET ADDRESS	33 S COLUMBUS ST	4.3 STREET ADDRESS	525 N. Hannelore Terr.
CITY-ST-ZIP	BEVERLY HILLS FL	4.4 CITY-ST-ZIP	Crystal River, FL 34429
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, SHARON	5.2 NAME	Neuman, Carrie
STREET ADDRESS	3703 WESTMINSTER RD	5.3 STREET ADDRESS	1316 S.E. 4th Ave.
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	Crystal River, FL 34429
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, VIRGINIA	6.2 NAME	Chappell, Linda
STREET ADDRESS	1060 TAPPAN CIRCLE	6.3 STREET ADDRESS	350 Warwick Avenue
CITY-ST-ZIP	ORANGE CITY FL	6.4 CITY-ST-ZIP	Ormond Beach, FL 32174

14. I 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, with all other like empowered.

SIGNATURE: Coleen Ward, Coleen Ward January 18, 1999 (407) 951-4920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)