


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90005 030 \*\*\*\*61.25

<b>DOCUMENT # 748037</b> 1. Entity Name <b>FLORIDA STATE POETS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6176 W PINEDALE CIRCLE CRYSTAL RIVER FL 34429 US</b>		Mailing Address <b>6176 W PINEDALE CIRCLE CRYSTAL RIVER FL 34429 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WALTON, CAROLINE J 6176 W PINEDALE CR CRYSTAL RIVER FL 34429</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANTIAGO, DEBRA</b>		NAME		
STREET ADDRESS	<b>5826 SOUTHPORT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALTON, CAROLINE</b>		NAME		
STREET ADDRESS	<b>6176 W PINEDALE CR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COATS, MITZI</b>		NAME		
STREET ADDRESS	<b>55 KENILWORTH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORMOND BEACH FL 32115</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTIN, VIRGINIA H</b>		NAME		
STREET ADDRESS	<b>1060 TAPPAN CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARNER, BONNIE L</b>		NAME		
STREET ADDRESS	<b>6121 SABAL POINT CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ORANGE FL 32128</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D Madelyn Eastlund</b>	
STREET ADDRESS			STREET ADDRESS	<b>310 S. Adams</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Beverly Hills, FL. 34465</b>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Caroline J. Walton</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-22-04 (352) 564-9148</b> <small>Date Daytime Phone #</small>		

01000011



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

*officers will  
change in  
October 2004*