## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # 748037** 1. Entity Name 04-20-2005 90342 041 \*\*\*\*61.25 FLORIDA STATE POETS ASSOCIATION, INC. Principal Place of Business Mailing Address 6176 W PINEDALE CIRCLE CRYSTAL RIVER FL 34429 6176 W PINEDALE CIRCLE 50040340 CRYSTAL RIVER FL 34429 2. Principal Place of Business 3. Mailing Address 380 BOYLSTON Suite, Apt. #, etc. Suite, Apt. #, etc. - ~ CR2E037 (10/04) 380 BOYLSTON Applied For City & State 4. FEI Number City & State · NO-T APPLICABLE DAYTONA BEACH Not Applicable DAYTONA BEACH Čountrv \$8.75 Additional Žip 5. Certificate of Status Desired USA 32118 32118 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT BLENHEIM WALTON, CAROLINE J Street Address (P.O. Box Number is Not Acceptable) 6176 W PINEDALE CR **CRYSTAL RIVER FL 34429** 380 BOYLSTON AVE. Zip Code 32118 8. The above named entify submits this statement for the pulpose 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 agen SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11 Detete ☐ Addition TITLE WALTON, CAROLINE NAME NAME 6176 W PINEDALE CR STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE COATS, MITZI NAME MANAE 55 KENILWORTH AVENUE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32115 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE MARTIN, VIRGINIA H NAME NAME 1060 TAPPAN CIRCLE STREET ADDRESS STREET ADDRESS ORANGE CITY FL 32763 CITY-ST-ZIP CITY-ST-ZIP CAROLINE WALTON ☐ Addition Delete TITLE TITLE EASTLAND, MADELYN NAME 6176 W. PINEDALE CIRCLE NAME 310 S ADAMS STREET DORESS STREET ADDRESS CRUSTAL RIVER, FL. 34429 **BEVERLY HILLS FL 34465** CITY-ST CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 applicact, with all other like empowered.

**FILED**