

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90001 048 \*\*\*\*61.25

**DOCUMENT # 748037**

1. Entity Name  
**FLORIDA STATE POETS ASSOCIATION, INC.**



Principal Place of Business  
~~380 BOYLSTON AVE~~  
~~DAYTONA BEACH, FL 32118~~ ~~US~~

Mailing Address  
~~380 BOYLSTON AVE~~  
~~DAYTONA BEACH, FL 32118~~ ~~US~~



2. Principal Place of Business - No P.O. Box #  
**515 SILVER BEACH AVE.**

Suite, Apt. #, etc. **# 10**

3. Mailing Address  
**515 SILVER BEACH AVE.**

Suite, Apt. #, etc. **# 10**

03182007 Chg-NP CR2E037 (12/06)

City & State  
**DAYTONA BEACH, FL**

Zip **32118** Country **USA**

City & State  
**DAYTONA BEACH, FL**

Zip **32118** Country **USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLENHAM, ROBERT**  
**380 BOYLSTON AVE**  
**DAYTONA BEACH, FL 32118**

**7. Name and Address of New Registered Agent**

Name **BLENHEIM, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)

**515 SILVER BEACH AVE., # 10**

City **DAYTONA BEACH** **FL** Zip Code **32118**

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

*Robert E. Blenheim*

**3/19/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD <b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLENHEIM, ROBERT</b>	
STREET ADDRESS	<b>380 BOLSTON AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTIN, VIRGINIA H</b>	
STREET ADDRESS	<b>1060 TAPPAN CIRCLE</b>	
CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WALTON, CAROLINE</b>	
STREET ADDRESS	<b>6176 W PINEDALE CIRCLE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34429</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLENHEIM, ROBERT</b>	
STREET ADDRESS	<b>515 SILVER BEACH AVE. APT. 10</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITZI J. COATS</b>	
STREET ADDRESS	<b>55 Kenilworth Ave.</b>	
CITY-ST-ZIP	<b>Ormond Beach, Florida 32174</b>	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BETTY ANN WHITNEY</b>	
STREET ADDRESS	<b>29530 BENJAMIN DR.</b>	
CITY-ST-ZIP	<b>Wesley Chapel, FL 33543</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORRYA ROGERS</b>	
STREET ADDRESS	<b>5746 BOULEVARD DR.</b>	
CITY-ST-ZIP	<b>HOMOSASSA, FL 34448</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

*Robert E. Blenheim*

**3/19/07**

**(386) 506-9930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #