

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90096 026 ****61.25

DOCUMENT # 748037

1. Entity Name

FLORIDA STATE POETS ASSOCIATION, INC.



Principal Place of Business

955 THOMPSON CT
MELBOURNE FL 32935
US

Mailing Address

955 THOMPSON CT
MELBOURNE FL 32935
US

2. Principal Place of Business

6176 W. PINEDALE CIR.
Suite, Apt. #, etc.

3. Mailing Address

6176 W. PINEDALE CIRCLE
Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL.

City & State

CRYSTAL RIVER, FL.

Zip

34429

Country

USA

Zip

34429

Country

USA

4. FEI Number 59-1790844

Applied For

☒ Not Applicable

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

6. Name and Address of Current Registered Agent

WARD, COLEEN
955 THOMPSON CT
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name CAROLINE J. WALTON
Street Address (P.O. Box Number is Not Acceptable)
6176 W. PINEDALE CIRCLE
City CRYSTAL RIVER, FL Zip Code 34429

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 Caroline J. Walton

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

(NOTE: Registered Agent signature required when reinstating)

1-16-03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTIAGO, DEBRA 5826 SOUTHPORT DRIVE PORT ORANGE FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Santiago, Debra 5826 Southport Drive Port Orange, Fl. 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, COLEEN 955 THOMPSON CT. MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Caroline J. Walton 6176 W. Pinedale Circle Crystal River, FL. 34429	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COATS, MITZI 55 KENILWORTH AVENUE ORMOND BEACH FL 32115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, VIRGINIA H 1060 TAPPAN CIRCLE ORANGE CITY FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, BONNIE L 6121 SABAL POINT CIRCLE PORT ORANGE FL 32128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Caroline J. Walton, President

1-16-03

CR2E037 (10/02)