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

| DOCUMENT # N0000004518 1. Entity Name THE DICKENSONIAN SOCIETY, INC. | | | | Secretary of State | | |
|---|--|---|--|--|--|--|
| Principal Place of Business 406 EUGENIA RD. VERO BEACH FL 32963 | | Mailing Address 406 EUGENIA RD. VERO BEACH FL 32963 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | MO | ORE CR2E037 (11/ | 03) |
| City & State | | City & State | | 4. FEI Number 01-0676446 Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | | |
| | 6. Name and Address of Curre | nt Registered Agent | Name | 7. Name and Addr | ess of New Registered Agent | |
| TAYLOR, J. ATWOOD III 5070 NORTH HIGHWAY A1A SUITE 200 VERO BEACH FL 32963 | | | Gity | s (P.O. Box Number is N | FL Zig | Code |
| the obligat | named entity submits this statementions of registered agent. Signature, typed or printed name of registered agent. | yert and title if applicable (NG | TE Registered Agent signærure requi | irod when reinstating) | DATE | · |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaig Trust Fund Contri | | | Contribution. | \$5.00 May Be Added to Fees | Make Check Paya Florida Department | of State |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TAYLOR, J. ATWOOD III 5070 NORTH A-1-A, STE 200 VERO BEACH FL 32963 | | TRILE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 UD00000042664 U2/10/04-80034-001 61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAYLOR, LISA B 406 EUGENIA RD. VERO BEACH FL 32963 | ☐ Delete | TITLE NAME STREET ADDRESS CRTY-ST-ZIP | | ⊡ Ch | ange 🔲 Addition |
| TITLE NAME STREET ADOPESS GITY-ST-ZIP | D TAYLOR, RAYMOND V 605 CLAYTON ST. ORLANDO FL 32904 | ☐ Delete | TITLE NAME STREET ADDRESS CHY-ST-ZIP | | □ Chi | inge 🗌 Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TAYLOR, PAIGE M 406 EUGENIA ROAD VERO BEACH FL 32963 | ☐ Delete | TITLE NAME STREET ADDRESS GITY-ST-ZIP | | □ ch | ange Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Cha | ange 🗌 Addition |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP | | ☐ Delete | TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Chi | ange Addition |
| 12. I hereby of indicated of the corchanged. | certify that the information supplied vi on this report or supplemental repor rporation or the receiver or trustee er or on an attachment with an address | with this filing does not qualify for it is true and accurate and that incowered to execute this repor- sy With all other like empowered | or the exemption stated in the my signature shall have that as required by Chapter 6 | Section 119.07(3)(i), Flor e same legal effect es if 117, Florida Statutes; and | ida Statutes. I further certify that made under oath, that I am an o that my name appears in Block | the information flicer or director 10 or Block 11 if |

President

SIGNATURE: _

FILED

2/6/64 772-281-4440