2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2002 8:00 am
Secretary of State
05-19-2002 90161 027 ****70.00

DOCUMENT # N01000003354

1. Entity Name

FLORIDA WRITERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4375 CONFEDERATE RD #4-H JACKSONVILLE FL 32210	PO BOX 440535 JACKSONVILLE FL 32222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3712917 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
URFER, LYNN A 4495-304 ROOSEVELT BLVD STE 102 JACKSONVILLE FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P IVEY, GLENDA 4375 CONFEDERATE RD #4-H JACKSONVILLE FL 32210	☐ Delete T T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VICKI M. TAYLOR 9521 CLUSTER AVE TAMPA, FL 33685	☐ Change ☑ Addition D D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S URFER, LYNN 4495-304 ROOSEVELT BLVD STE 102 JACKSONVILLE FL 32210	☐ Delete D D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VAN MIDDLESWORTH, MARTA 6820 N BOGAYA DR JACKSONVILLE FL 32210	☐ Delete D D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Glenda Ivey (GLENDA IVEY) 4/22/02 904-778-7838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #