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

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90029 002 ****61.25

DOCUMENT # N01000003354

1. Entity Name

FLORIDA WRITERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9521 CLUSTER AVE W TAMPA FL 33615	P.O. BOX 260415 TAMPA FL 33685-0415

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
10615 Limewood Dr.	10615 Limewood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, FL	Jax, FL
City & State	City & State
Zip 32257 Country USA	Zip 32257 Country USA

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
AGENTS AND CORPORATIONS, INC. 773 4TH AVE NORTH SUITE E NAPLES FL 34102	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 TAYLOR, VICKI M 9521 CLUSTER AVE W TAMPA FL 33615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESident CARYN Suarez 10615 Limewood Dr Jacksonville, FL 32257	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOVA, CURIE 1615 WHITE DOVE DRIVE WINTER SPRINGS FL 32708	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert Mykle PO Box 6296 Lake Worth, FL 33466	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REYNOLDS, G.W. 321 15TH STREET NORTH JACKSONVILLE BEACH FL 32250	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES Diane Barton 7816 Southside Blvd #97 Jacksonville, FL 32256	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOWLING, CHUCK 455 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Robyn~~ Sec Robyn Gloria-Leslie 10046 Persimmon Hill Ct. Jacksonville, FL 32256	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Caryn M. Suarez - FWA President 2/2/04 904-268-5952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #