

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003354

FILED
Apr 14, 2005
Secretary of State

Entity Name: FLORIDA WRITERS ASSOCIATION, INC.

Current Principal Place of Business:

10615 LIMEWOOD DR
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

482 SW DEER RUN
PORT ST LUCIE, FL 34953 US

Current Mailing Address:

10615 LIMEWOOD DR
JACKSONVILLE, FL 32257 US

New Mailing Address:

482 SW DEER RUN
PORT ST LUCIE, FL 34953 US

FEI Number: 59-3712917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
773 4TH AVE NORTH
SUITE E
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

SUAREZ, CARYN
10615 LIMEWOOD DRIVE
JACKSONVILLE, FL 32257 US

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: CARYN SUAREZ

04/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, CARYN
Address: 10615 LIMEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: MYKLE, ROBERT
Address: PO BOX 6296
City-St-Zip: LAKE WORTH, FL 33466

Title: TRCS () Delete
Name: BARTON, DIANE
Address: 7816 SOUTHSIDE BLVD #97
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Delete
Name: GLORIA-LESLIE, ROBYN
Address: 10046 PERSIMMM HILL CT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOLFIN, ACAYSHA
Address: 482 SW DEER RUN
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VP (X) Change () Addition
Name: MINER, JAMES
Address: 23 MONTEREY WAY
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: TRCS (X) Change () Addition
Name: COLEMAN, LISA
Address: 1645 OPEN FIELD LOOP
City-St-Zip: BRANDON, FL 33510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ACAYSHA DOLFIN

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date