**FILED**
**Mar 10, 2003 8:00 am**
**Secretary of State**
02-14-2003 90230 003 ****61.25

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

**55015060**

DOCUMENT # N01000003354

1. Entity Name
**FLORIDA WRITERS ASSOCIATION, INC.**

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

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9521 Cluster Ave W. | P.O. Box 260415 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tampa, FL | City & State: Tampa, FL |
| Zip: 33615 Country: USA | Zip: 33685-0415 Country: USA |

☒ CHECK HERE IF MAKING CHANGES

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

URFer, LYNN A.
4495-304 Roosevelt Blvd., Ste 102
Jacksonville, FL 32210
Resigned 2-28-03

7. Name and Address of New Registered Agent

Name: Agents and Corporations, Inc.
Street Address (P.O. Box Number is Not Acceptable)
Suite E, 773 4th Ave. North
City: Naples FL Zip Code: 34102

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] DATE: 3/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>IVEY, GLENDA<br>4375 CONFEDERATE RD #4-H<br>JACKSONVILLE, FL 32210 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Taylor, Vicki M.<br>9521 Cluster Ave. W.<br>Tampa, FL 33615 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>URFER, LYNN<br>4495-304 ROOSEVELT BLVD STE 102<br>JACKSONVILLE, FL 32210 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Doug Dillon<br>6081 Little Wekiva Rd.<br>Altamonte Springs, FL 32714 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TAYLOR, VICKI M<br>9621 CLUSTER AVE<br>TAMPA, FL 33685 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>Rachel Lisi<br>940 Harbour Bay Dr.<br>Tampa, FL 33602 | ☒ 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 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: [signature] VICKI Taylor President 3/4/03 (813) 249-9192
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #