

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90085 026 \*\*\*\*61.25

|   |  |   |   |   |                                     |
|---|--|---|---|---|-------------------------------------|
| <b>DOCUMENT # N03000004682</b><br>1. Entity Name<br><b>BETTMARR LITERARY FOUNDATION, INC.</b>   |  |   |   |   |                                     |
| Principal Place of Business<br><b>2009 WEST CENTRAL BOULEVARD<br/>ORLANDO, FL 32805</b>   |  |   | Mailing Address<br><b>POST OFFICE BOX 570341<br/>ORLANDO, FL 32857-0341</b> |   |                                     |
| 2. Principal Place of Business<br><b>3936 S. SEMORAN</b><br>Suite, Apt. #, etc.<br><b>423</b>   |  | 3. Mailing Address<br><b>3936 S. SEMORAN BVD</b><br>Suite, Apt. #, etc.<br><b>423</b>                               |   |   |                                     |
| City & State<br><b>ORL FL 32822</b>   |  | City & State<br><b>ORL FL</b>   |   | 4. FEI Number<br><b>562366360</b>   |                                     |
| Zip<br><b>32822</b>   |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>HOLLINS, THEOTIS</b><br><b>2009 WEST CENTRAL BOULEVARD</b><br><b>ORLANDO, FL 32805</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Marian Smith</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3936 S. SEMORAN BVD</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32822-4015</b> |                                     |
| 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.<br><br>SIGNATURE <u>Marian Smith</u> (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |   |                                     |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>  |                                     |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>SMITH, MARIAN</b> <input type="checkbox"/> Delete<br><b>POST OFFICE BOX 570341</b><br><b>ORLANDO, FL 328570341</b>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b> <input type="checkbox"/> Delete<br><b>PARRIS, SHELLEY</b><br><b>POST OFFICE BOX 150823</b><br><b>ALTAMONTE SPRINGS, FL 327150823</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b> <input type="checkbox"/> Delete<br><b>MCALEE, SABRINA</b><br><b>P.O. BOX 570341</b><br><b>ORLANDO, FL 328570341</b>                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Marian Smith</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <u>3/25/04</u>   |   | Daytime Phone # <u>407 207 0065</u> |