


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 005 ****61.25

DOCUMENT # N04000002006 1. Entity Name PINE ISLAND WRITERS, INCORPORATED					
Principal Place of Business 16091 BUCCANEER ST BOKEELIA, FL 33922			Mailing Address P.O. BOX 546 BOKEELIA, FL 33922		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 33-1081909	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MALBON, YVONNE D 16091 BUCCANEER ST BOKEELIA, FL 33922					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWARTZ, DENYEA <input checked="" type="checkbox"/> Delete 2096 MACADAMIA LANE ST JAMES CITY, FL 33956				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYHEW, LYNNE <input type="checkbox"/> Delete 3651 CATAMARAN LANE ST. JAMES CITY, FL 33952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOOTE, PATRICIA <input type="checkbox"/> Delete 7021 SE 36TH STREET CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALBORN, YVE <input type="checkbox"/> Delete 16091 BUCCANEER ST BOKEELIA, FL 33922				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAKE, NANCY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2143 JANET STREET MARLACHA, FL.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: <i>Yvonne D. Malbon</i> YVONNE D. MALBON <u>2/26/08</u> <u>239-283-4476</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					