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

## Feb 24, 2004 8:00 am Secretary of State DOCUMENT # N17101 1. Entity Name 02-24-2004 90022 018 \*\*\*\*61.25 FLORIDA ROMANCE WRITERS, INC. Principal Place of Business Mailing Address 7200 SW 6 S6T P.O. BOX 17756 PLANTATION FL 33318 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 76-0237716 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CREEKMORE, DONNA Street Address (P.O. Box Number is Not Acceptable) 7361 SW 6TH ST PLANTATION FL 33317 City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. P/D TITLE ☐ Delete ☐ Change ☐ Addition COHEN, NANCY NAME NAME 7200 SW 6 STREET STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-7IP CITY-ST-ZIP ŤΠ TITLE ☐ Delete ☐ Change Addition CREEKMORE, DONNA R NAME NAME 7361 SW 6TH ST STREET ADDRESS STREET ADDRESS PLANTATION FL 33323 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change Addition ONA BUSTOS LEITMAN, AMY NAME NAME 11155 NWAG PL 8335 SW 72 AVE #103 STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition ☐ Change PICKERING, KATHLEEN NAME NAME 2810 NE 37TH COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition WRIGHT, APRIL NAME 7770 THORNLEE DRIVE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

**FILED** 

2/14/04 (954) 792 - 7260