

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90106 012 ****61.25

DOCUMENT # N17101

1. Entity Name

FLORIDA ROMANCE WRITERS, INC.



Principal Place of Business

7200 SW 6 ST
PLANTATION FL 33317
US

Mailing Address

P.O. BOX 17756
PLANTATION FL 33318
US

2. Principal Place of Business

1620 S. Treasure Dr.

Suite, Apt. #, etc.

3. Mailing Address

1620 S. Treasure Dr.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

N. Bay Village FL.

Zip
33141

Country
Miami - Dade

City & State

N. Bay Village FL.

Zip
33141

Country
Miami - Dade

4. FEI Number

76-0237716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CREEKMORE, DONNA
7361 SW 6TH ST
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Sharon Hartley

Street Address (P.O. Box Number is Not Acceptable)

1620 S. Treasure Dr.

City

N. Bay Village

FL

Zip Code

33141

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

S. Hartley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	P/D	☒ Delete
NAME	COHEN, NANCY	
STREET ADDRESS	7200 SW 6 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	☒ Delete
NAME	CREEKMORE, DONNA R	
STREET ADDRESS	7361 SW 6TH ST	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	VP	☐ Delete
NAME	BUSTOS, ONA	
STREET ADDRESS	11155 NW 26 PL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33322	
TITLE	S/D	☒ Delete
NAME	PICKERING, KATHLEEN	
STREET ADDRESS	2810 NE 37TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	☒ Delete
NAME	CONOVER, JENNIFER	
STREET ADDRESS	1261 SEMINOLE DR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Ona Bustos	
STREET ADDRESS	11155 NW 26 PL	
CITY-ST-ZIP	FORT LAUDERDALE FL. 33322	
TITLE	TD	☐ Change ☒ Addition
NAME	Sharon Hartley	
STREET ADDRESS	1620 S. Treasure Dr.	
CITY-ST-ZIP	N. Bay Village FL 33141	
TITLE	VP	☐ Change ☒ Addition
NAME	Thaci Hall	
STREET ADDRESS	141 Maplecrest Cir.	
CITY-ST-ZIP	Jupiter FL. 33458	
TITLE	P/D	☐ Change ☒ Addition
NAME	Don Washburn	
STREET ADDRESS	4693 SW 19 St	
CITY-ST-ZIP	Ft. Lauderdale FL. 33317	
TITLE	D	☐ Change ☒ Addition
NAME	Susan Peek	
STREET ADDRESS	1217 Avocado Isle	
CITY-ST-ZIP	Ft. Lauderdale FL. 33315	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

S. Hartley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-05 305-864-4308

Date

Daytime Phone #