

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90048 011 ****70.00

DOCUMENT # N17101 1. Entity Name FLORIDA ROMANCE WRITERS, INC.	
--	---

Principal Place of Business 1620 S TREASURE DR NORTH BAY VILLAGE FL 33141 US	Mailing Address 1620 S TREASURE DR NORTH BAY VILLAGE FL 33141 US
--	--



2. Principal Place of Business - No P.O. Box # 216 Park Place Suite, Apt. #, etc.	3. Mailing Address 216 Park Place Suite, Apt. #, etc.
--	--

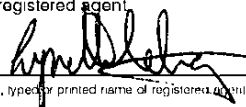
1st MOORE CR2E037 (10/06)

City & State Jupiter, FL	City & State Jupiter, FL
Zip 33458	Zip 33458
Country	Country

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 ARMSTRONG, LYN 13740 CUMBERLAND PL DAVIE FL 33325

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 re-registering) DATE 1/30/07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P HALL, TRACI 216 PK PL JUPITER FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TD ARMSTRONG, LYN 13740 CUMBERLAND PL DAVIE FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP MANUEL, LISA 10231 NW 43RD ST CORAL SPRINGS FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S/D WASHBURN, JAN 1693 SW 19 ST FORT LAUDERDALE FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D PEEK, SUSAN 1217 AVOCADO ISLE FORT LAUDERDALE FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/30/07 954 649 2558 Daytime Phone #
--	---