

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19545

FILED
Feb 06, 2008
Secretary of State

Entity Name: WEST FLORIDA LITERARY FEDERATION, INC.

Current Principal Place of Business:

400 S. JEFFERSON ST.
SUITE 212
PENSACOLA, FL 325025902 US

New Principal Place of Business:

Current Mailing Address:

400 S. JEFFERSON ST.
SUITE 212
PENSACOLA, FL 325025902 US

New Mailing Address:

FEI Number: 59-2762779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON-BORN, KATHERINE
400 SOUTH JEFFERSON STREET
212
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON-BORN, KATHERINE
Address: 5547 HARBOR OAKS
City-St-Zip: MILTON, FL 32583 US

Title: S () Delete
Name: HEFTI, JOSEPH M
Address: 7437 CAMALE DR
City-St-Zip: PENSACOLA, FL 32504 US

Title: T () Delete
Name: DUNLAP, CAS
Address: 1 PORTOFINO DRIVE #2104
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: D () Delete
Name: DUNLAP, ANNE
Address: ONE PORTOFINO DR, # 2104
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: VP () Delete
Name: ROBINSON, FRANCES
Address: 3150 LEESBURG SQUARE
City-St-Zip: PENSACOLA, FL 32504 US

Title: D () Delete
Name: WALKER, ANDREA
Address: 5800 LEESWAY BLVD.
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DUNLAP, ANNE
Address: ONE PORTOFINO DR, # 2104
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: D (X) Change () Addition
Name: DAMM, PATTY
Address: 5690 GARCON BLVD.
City-St-Zip: PENSACOLA, FL 32507-886 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE DUNLAP

VP

02/06/2008

Electronic Signature of Signing Officer or Director

Date