

FILE NOW: FILING FEE IS \$61.25

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96 FEB -8 AM 8:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21538 (6)

1. Corporation Name
MARJORIE KINNAN RAWLINGS SOCIETY, INC.



Principal Place of Business DEPT. OF ENGLISH UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-7310	Mailing Address DEPT. OF ENGLISH UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-7310
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3. Date Incorporated or Qualified 07/13/1987	3a. Date of Last Report 01/23/1995
4. FEI Number 59-2928755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RIVERS, VALERIE R
MARJORIE KINNAN RAWLINGS STATE HIST. SITE
RURAL ROUTE 3, BOX 92
HAWTHORNE FL 32640**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Valerie R. Rivers* **VALERIE R. RIVERS** **1/22/96**
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DOT	
STREET ADDRESS	3320 NW 28 AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32605-2704	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOCK, JR., LOUIE ROY	
STREET ADDRESS	314 ST. GEORGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODS, SUSAN	
STREET ADDRESS	1208 NE 4 ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCARTHY, KEVIN, M	
STREET ADDRESS	4008 TURLINGTON HALL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOLAN, DAVID	
STREET ADDRESS	30 PARK TERRACE DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thompson, Shirley	
1.3 STREET ADDRESS	1 Pelican Reef	
1.4 CITY-ST-ZIP	St. Augustine FL 32084	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Canetta, John	
2.3 STREET ADDRESS	2410 Banyan Dr.	
2.4 CITY-ST-ZIP	Tallahassee FL 32303	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	May, Jr., Philip	
5.3 STREET ADDRESS	4324 McGirts Blvd.	
5.4 CITY-ST-ZIP	Jacksonville FL 32210	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

SM
2/8

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Kevin M. McCarthy* **Kevin M. McCarthy** **1/16/96 352-392-0777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)



Department of Environmental Protection

Lawton Chiles
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

February 2, 1996

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Dear Mr. Mann:

This letter is to certify to you that the Marjorie Kinnan Rawlings Society, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/pwc

RECEIVED
96 FEB -6 PM 3:17
DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA