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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21538 (6)

1. Corporation Name

MARJORIE KINNAN RAWLINGS SOCIETY, INC.



Principal Place of Business

Mailing Address

DEPT. OF ENGLISH UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-7310

DEPT. OF ENGLISH UNIVERSITY OF FLORIDA GAINESVILLE FL 32611

3. Date Incorporated or Qualified 07/13/1987

3a. Date of Last Report 02/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-2928755

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME THOMPSON, SHIRLEY  
STREET ADDRESS 1 PELICAN REEF  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME CANETTA, JOHN  
STREET ADDRESS 2410 BANYAN DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  
NAME WOODS, SUSAN  
STREET ADDRESS 1208 NE 4 ST  
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE President  
3.2 NAME Woods, SUSAN  
3.3 STREET ADDRESS 3711 RIVER HALL DR.  
3.4 CITY-ST-ZIP Jacksonville, FL 32217

TITLE T  
NAME MCCARTHY, KEVIN, M  
STREET ADDRESS 4008 TURLINGTON HALL  
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE Treasurer  
4.2 NAME T. H. JACOWAY  
4.3 STREET ADDRESS 1516 Moseley Ave.  
4.4 CITY-ST-ZIP PALATKA, FL 32177

TITLE D  
NAME MAY, PHILIP JR  
STREET ADDRESS 4324 MCGIRTS BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32210

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: T. H. JACOWAY T. H. JACOWAY

1/13/97

(904) 328-8845

CR2E037 (9/96)