


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>DEPT. OF ENGLISH UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-7310</b>	Mailing Address <b>DEPT. OF ENGLISH UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-7310</b>
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3. Date Incorporated or Qualified <b>07/13/1987</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-2928755</b>		
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**9. Name and Address of Current Registered Agent**

**RIVERS, VALERIE R  
 MARJORIE KINNAN RAWLINGS STATE HIST. SITE  
 RURAL ROUTE 3, BOX 92  
 HAWTHORNE FL 32840**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, SHIRLEY</b>	
STREET ADDRESS	<b>1 PELICAN REEF</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CANETTA, JOHN</b>	
STREET ADDRESS	<b>2410 BANYAN DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOODS, SUSAN</b>	
STREET ADDRESS	<b>3711 RIVER HALL DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOWAY, T H</b>	
STREET ADDRESS	<b>1518 MOSELEY AVE</b>	
CITY-ST-ZIP	<b>PALATKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAY, PHILIP JR</b>	
STREET ADDRESS	<b>4324 MCGARTS BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PATRICIA DAVIS</b>	
1.3 STREET ADDRESS	<b>585 SE AVE. NE</b>	
1.4 CITY-ST-ZIP	<b>St. Petersburg FL. 33703-2501</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOHN INGRAM</b>	
3.3 STREET ADDRESS	<b>2247 NW 11 AVE.</b>	
3.4 CITY-ST-ZIP	<b>Gainesville, FL. 32605</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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** | **3/23/98** | **(904) 328-8845**

CP2E037 (10/97)