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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90257 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21538

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2928755
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SHIRLEY	1.2 NAME	
STREET ADDRESS	1 PELICAN REEF	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANETTA, JOHN	2.2 NAME	Ingram, John
STREET ADDRESS	2410 BANYAN DR	2.3 STREET ADDRESS	2247 NW 11 Ave.
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	Gainesville, FL. 32605
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, SUSAN	3.2 NAME	
STREET ADDRESS	3711 RIVER HALL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOWAY, T H	4.2 NAME	
STREET ADDRESS	1516 MOSELEY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, PHILIP JR	5.2 NAME	
STREET ADDRESS	4324 MCGIRTS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATRICIA	6.2 NAME	
STREET ADDRESS	585 55 AVE NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	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, with all other like empowered.

SIGNATURE: J. H. Jacoway REG. J. H. JACOWAY 5/10/99 (904) 328-8845
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)