

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90169 035 ****61.25

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DOCUMENT # N21538

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2928755		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RIVERS, VALERIE R MARJORIE KINNAN RAWLINGS STATE HIST. SITE RURAL ROUTE 3, BOX 92 HAWTHORNE FL 32640				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	INGRAM, JOHN	<input checked="" type="checkbox"/> Delete	TITLE	President	Phelts, MARSHA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2247 N.W. 11AVE		NAME		2825 N. MYRTLE AVE.	
STREET ADDRESS		GAINESVILLE FL 32605		STREET ADDRESS		JACKSONVILLE, FL 32209	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	PD	WOODS, SUSAN	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3711 RIVER HALL DR		NAME			
STREET ADDRESS		JACKSONVILLE FL		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		JACOWAY, T H	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1516 MOSELEY AVE		NAME			
STREET ADDRESS		PALATKA FL		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	MAY, PHILIP JR	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4324 MCGIRTS BLVD		NAME			
STREET ADDRESS		JACKSONVILLE FL 32210		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	S	DAVIS, PATRICIA	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		585 55 AVE NE		NAME			
STREET ADDRESS		ST PETERSBURG FL 33703		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. H. Jacoway **REQUIRE (H) JACOWAY** 3/18/02 (386)325-3379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)