

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90329 029 ****70.00

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	
2. Principal Place of Business Dept. of English Suite, Apt. #, etc. University of Central Florida, P.O. Box 161346 City & State Orlando, FL Zip 32816-1346 Country USA		3. Mailing Address Dept. of English Suite, Apt. #, etc. Univ. of Central FL. P.O. Box 161346 City & State Orlando, FL Zip 32816-1346 Country USA	
03132006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-2928755		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, KEVIN M DEPT OF ENGLISH UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-2310		7. Name and Address of New Registered Agent Name Anna Lillios Street Address (P.O. Box Number is Not Acceptable) 609 Little Eagle Court City Casselberry FL Zip Code 32707	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Anna Lillios</u> <u>Anna Lillios</u> <u>3/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JETER, WILLIAM H JR 91 SAN JUAN DR U-2 PONTE VEDRA BEACH, FL 320821355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ARINSON, JANICE 805 NE 5TH AVE GAINESVILLE, FL 326015549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT PREU, DANA 2304 DON PATRICIO DR TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCARTHY, KEVIN M DEPT. OF ENGLISH, U OF FL GAINESVILLE, FL 326117310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lillios, Anna 609 Little Eagle Ct. Casselberry, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, PATRICIA 585 55 AVE NE ST PETERSBURG, FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPT DAVIS, ROBERT 430 BAHAMA DR INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Anna Lillios</u> <u>Anna Lillios</u> <u>3/30/06</u> <u>(407)699-8121</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			