


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N21538**  
 1. Entity Name  
**MARJORIE KINNAN RAWLINGS SOCIETY, INC.**



Principal Place of Business      Mailing Address  
**DEPT. OF ENGLISH**      **DEPT. OF ENGLISH**  
**UNIV. OF CENTRAL FL. PO BOX 161346**      **UNIV. OF CENTRAL FL. PO BOX 161346**  
**ORLANDO, FL. 32816-1346**      **ORLANDO, FL. 32816-1346**

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**59-2928755**      Not Applicable

5. Certificate of Status Desired      **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LILLIOS, ANNA**  
**809 LITTLE EAGLE CT**  
**CASSELBERRY, FL 32707**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JETER, WILLIAM H JR 91 SAN JUAN DR U-2 PONTE VEDRA BEACH, FL 320821355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ARINSON, JANICE ✓ 805 NE 5TH AVE GAINESVILLE, FL 326015549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LILLIOS, ANNA 809 LITTLE EAGLE CT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, PATRICIA 585 55 AVE NE ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000746868  
 05/17/07-80004-002 70.00

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:** *Janice Arinson*      **4/25/07**      **352-372-1494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #