

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 28, 2008  
Secretary of State

DOCUMENT# N21538

Entity Name: MARJORIE KINNAN RAWLINGS SOCIETY, INC.

**Current Principal Place of Business:**

DEPT. OF ENGLISH  
UNIV. OF CENTRAL FL. PO BOX 161346  
ORLANDO, FL 328161346

**New Principal Place of Business:**

DEPT. OF ENGLISH  
UNIV. OF CENTRAL FL.  
ORLANDO, FL 328161346

**Current Mailing Address:**

DEPT. OF ENGLISH  
UNIV. OF CENTRAL FL. PO BOX 161346  
ORLANDO, FL 328161346

**New Mailing Address:**

805 NE 5TH AVENUE  
GAINESVILLE, FL 32601 US

FEI Number: 59-2928755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LILLIOS, ANNA  
609 LITTLE EAGLE CT  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: JETER, WILLIAM H JR  
Address: 91 SAN JUAN DR U-2  
City-St-Zip: PONTE VEDRA BEACH, FL 320821355

Title: TRES ( ) Delete  
Name: ARINSON, JANICE  
Address: 805 NE 5TH AVE  
City-St-Zip: GAINESVILLE, FL 326015549

Title: DT ( ) Delete  
Name: LILLIOS, ANNA  
Address: 609 LITTLE EAGLE CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete  
Name: DAVIS, PATRICIA  
Address: 585 55 AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: KINSER, BRENT  
Address: 305 COULTER HALL, WESTERN CAROLINA UNIVERS  
City-St-Zip: CULLOWHEE, NC 28723 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE D. ARINSON

TRES

08/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date